

After recording, return to:

A. JILL SOTHAM
2995 PRINCESS CRESCENT #329
COQUITLAM, BC V3B 7N1 CANADA

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/09/2024

Grantor (Name of Decedent): CHARLES BARRY SOTHAM

Grantee (Heirs): ALISON JILL SOTHAM

Abbreviated Legal Description: LT A-18, "LAKE TYEE, DIV NO. II

Tax Parcel No.(s): P78849 / 4229-001-018-0005

CHICAGO TITLE
620056690

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WASHINGTON

COUNTY OF SKAGIT

The undersigned, ALISON JILL SOTHAM, executes this affidavit relating to the estate of Charles Barry Sotham (herein "Decedent"), who died on AUG 23 / 2009 in the County of Whatcom, State of WASHINGTON, then being a resident of the City of BURNABY, County of BRITISH COLUMBIA State of CANADA.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- other (identify): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: LISA MARIE GREENWOOD - DAUGHTER

Name and relationship: CHARLES BARRY SOTHAM, JR - SON

Name and relationship: REBECCA GRACE BETTS - GRANDDAUGHTER

Name and relationship: ALISON JILL SOTHAM - SPOUSE

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Alison
Signature

ALISON JILL SOTHAM
Print Name

State of Washington
County of Whatcom

This record was acknowledged before me on 06/28/2024 by
Alison Jill Sotham

DS
(Signature of notary public)
Notary Public in and for the State of WA
My commission expires: 08/19/2024

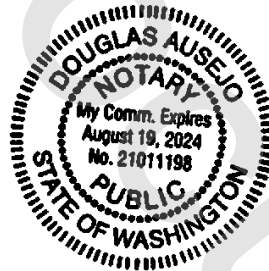


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P78849 / 4229-001-018-0005

LOT A-18, "LAKE TYEE, DIVISION NO. II" AS PER PLAT RECORDED IN VOLUME 11 OF PLATS,
PAGE(S) 15 THROUGH 24, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **900** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix 2. Death Date
CHARLES BARRY SOTHAM (AKA: BARRY) **08-23-09**

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death
Male **61** **Months** **Days** **Hours** **Minutes** **[REDACTED]** **Whatcom**

7. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education
Vancouver **BC, Canada** **High School Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces?
NO **White** **NO**

13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) 13b. City or Town
3048 Aries Pl. **Burnaby**

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?
British Columbia ********* **Canada** **V3J 7E9** Yes No Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's or Domestic Partner's Name (Use name prior to first marriage)
18 years **Married** **Alison Jill Baker**

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use services).) 18. Kind of Business/Industry (Do not use Company Name)
Fire fighter **Fire Dept.**

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)
Charles B. Sotham **Agnes [REDACTED]**

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: (Household and Street or RFD No. City or Town State Zip
Alison Jill Sotham **Wife** **3048 Aries Pl. Burnaby, BC Canada V3J 7E9**

24. Place of Death, if Death Occurred in a Hospital: 25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code
Inpatient **St. Joseph Hospital** **Bellingham** **WA** **98225**

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
Cremation **Seattle Service Group Crematory** **Lake Forest Park, WA**

31. Name and Complete Address of Funeral Facility 32. Date of Disposition
Jerns Funeral Chapel **800 E. Sunset Dr. Bellingham, WA.** **98225** **08/31/2009**

33. Funeral Director Signature X **[Signature]**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **CARDIOGENIC SHOCK** Interval between Onset & Death **2-4 hours**
 Due to (or as a consequence of) b. **ASCENDING AORTA-THORACIC REPLACEMENT VALVE** Interval between Onset & Death **12 hours**
 Due to (or as a consequence of) c. **TYPE I AORTIC DISSECTION** Interval between Onset & Death **24 hours**
 Due to (or as a consequence of) d. _____ Interval between Onset & Death _____

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?
 Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes Probably
 Accident Undetermined Not pregnant, but pregnant 43 days to 1 year before death No Unknown
 Suicide Pending Unknown if pregnant within the past year

41. Date of injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work?
 Yes No Unk

45. Location of injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:
 Describe how injury occurred 47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
[Signature]
 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

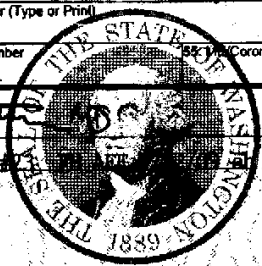
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) WA. 98225 50. Hour of Death (24hrs)
James Douglas Jr. M.D. 2979 Squalicum Pkwy #201 Bellingham **00:57**

51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) 52. Date Signed (mm/dd/yyyy)
[Signature] **8/27/09**

53. Title of Certifier 54. License Number 55. Coroner File Number 56. Was case referred to ME/Coroner?
M.D. **32041** **[REDACTED]** Yes No

57. Registrar Signature 58. Date Received (mm/dd/yyyy)
[Signature] **AUG 28 2009**

59. Amendments #1, #13, #16, #20, #21, #22





Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution):	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution):
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The Record is incorrect or incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voters Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 19), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 19th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner if it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (minister or clerk of court) must sign the affidavit.

WHATCOM COUNTY HEALTH DEPARTMENT DO NOT DESTROY

SEP 28 2009

Signature and stamp of Registrar

SS00206314