

Return Address:
Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
211776-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/23/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Susan Farrar, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Step-Daughter of Thelma Marie Murray, who died on Nov. 6, 2022 at
Relationship to decedent *Decedent/Grantor Name* *Date*

Mount Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 55, Thunderbird East 2nd Add.

Assessor's Property Tax Parcel/Account Number: 4411-000-055-0009/P81832
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Robert Murray, Legal, Spouse, 1203 Crow Lane, Mount Vernon WA 98274
Full name, age, relationship, address

Dated this 22 day of July, 2024.

Susan Farrar

Susan Farrar
1902 South 17th Street, Mount Vernon WA 98274
360-770-6241

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 22nd day of July, 2024 by Susan Farrar.

Naomi R. Stanfill

Signature

Notary

Title

My appointment expires: 03-17-26

NAOMI R STANFILL
Notary Public
State of Washington
License Number 201173
My Commission Expires
March 17, 2026

Legal Description

Lot 55, "THUNDERBIRD EAST SECOND ADDITION", as per plat recorded in Volume 12 of Plats, pages 80 and 81, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-056754

DATE ISSUED: 11/09/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): THELMA MARIE
LAST NAME(S): MURRAY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 08, 2022
HOUR OF DEATH: 05:45 AM
SEX: FEMALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1203 CROW LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1203 CROW LANE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 36 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

FATHER: BERNARD HOLTE
MOTHER:

BIRTH DATE:
BIRTHPLACE: MOUNT VERNON, WA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ROBERT WILLIAM MURRAY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 09, 2022

OCCUPATION: OFFICE WORKER
INDUSTRY: FOOD DISTRIBUTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

FUNERAL FACILITY: KERN FUNERAL HOME

INFORMANT: ROBERT WILLIAM MURRAY
RELATIONSHIP: HUSBAND
ADDRESS: 1203 CROW LANE, MOUNT VERNON, WA 98273

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: SARAH A. DRAKE

CAUSE OF DEATH:
A: PRESUMED PRIMARY LUNG CANCER
INTERVAL: MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BLADDER CANCER,
PATHOLOGICAL FRACTURES RELATED TO PRESUMED CANCER METASTASES,
EMPHYSEMA

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 08, 2022

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: N/A
ATTENDING PHYSICIAN: NOT APPLICABLE

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 09, 2022

DOH422-132SKAG-T (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
Affidavit for Correction
 This is a legal document. Complete in ink and do not alter.
 Mail to: Center for Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

STATE OFFICE USE ONLY

State File Number: _____ Fee Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required Information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution): _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows: _____ The true fact is: _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

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

14a. Signature: _____ 14b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.
- To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Adult (18 years or older)

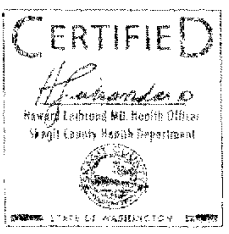
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Certificate is void unless the Seal of the State of Washington is stamped below when next appears.

