

After recording, return to:
Zachary Roth
Estate of Wesley N. Roth, deceased
9229 NE 180th St
Bothell, WA 98011

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/31/2024

Grantor (Name of Decedent): FRANCES TORTASKY ROTH
Grantee (Heirs): Wesley Roth
Abbreviated Legal Description: LTS 43 AND 44, BLK E, CAPE HORN ON THE SKAGIT
Tax Parcel No.(s): P63074 / 3868-005-044-0010

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

STATE OF WASHINGTON
COUNTY OF SKAGIT

Chicago Title
620055962

The undersigned, Zachary Roth, executes this affidavit relating to the estate of FRANCES TORTASKY ROTH (herein "Decedent"), who died on MAY 29 2000, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of CONCRETE, County of SKAGIT, State of WASHINGTON.

(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: WESLEY NEAL ROTH, HUSBAND, DECEASED

Name and relationship: ZACHARY T ROTH, SON

Name and relationship: _____

Name and relationship: _____

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:

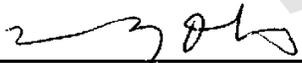
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

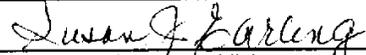
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.


Signature

ZACHARY T ROTH
Print Name

State of WASHINGTON
County of SNOHOMISH

This record was acknowledged before me on 7-29-2024 by
ZACHARY T ROTH


(Signature of notary public)
Notary Public in and for the State of WA
My commission expires: 1-29-2025

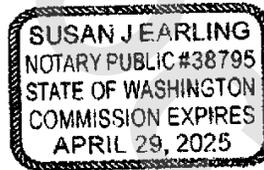


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P63074 / 3868-005-044-0010

LOTS 43 AND 44, BLOCK E, CAPE HORN ON THE SKAGIT, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 8 OF PLATS, PAGES 92 THROUGH 97, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

481-06

Washington State Certificate of Death

Local File Number: 481-06 State File Number: _____

1. Legal Name (include AKAs if any) First Middle LAST Suffix: Frances Tartasky Roth 2. Death Date: 5/29/2006

3. Sex (M/F): Female 4a. Age - Last Birthday: 62 4b. Under 1 Year: Months 4c. Under 1 Day: Hours 4d. Under 1 Day: Minutes 5. Social Security Number: [Redacted] 6. County of Death: Skagit

7. Birthdate: [Redacted] 8a. Birthplace (City, Town, or County): Washington DC 8b. (State or Foreign Country): District of Columbia 8. Decedent's Education: Master's Degree

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

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.): 41656 North Shore Lane 13b. City or Town: Concrete

13c. Residence: County: Skagit 13d. Tribal Reservation Name (if applicable): --- 13e. State or Foreign Country: Washington 13f. Zip Code + 4: 98237-7113 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 2 Years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's Name (Give name prior to first marriage): Wesley Neal Roth

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): Payroll 18. Kind of Business/Industry (Do not use Company Name): Wholesale Shoe

19. Father's Name (First, Middle, Last, Suffix): Meyer Tartasky 20. Mother's Name (Before First Marriage) (First, Middle, Last): Dorothy [Redacted]

21. Informant's Name: Wesley Roth 22. Relationship to Decedent: Spouse 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 41656 North Shore Lane Concrete, WA 98237

24. Place of Death, if Death Occurred in a Hospital: --- Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home

25. Facility Name (if not a facility, give number & street or location): 41656 North Shore Lane 26a. City, Town, or Location of Death: Concrete 26b. State: WA 27. Zip Code: 98237

28. Method of Disposition: Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place): Neptune Society Cremation Service 30. Location-City/Town, and State: Kent, Washington

31. Name and Complete Address of Funeral Facility: Neptune Society 19324 40th Avenue West Lynnwood, Washington 98036 32. Date of Disposition: 6/12/2006

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. Cancer Lung Interval between Onset & Death: 6 months

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. Sarcoma Rt. DSOAS muscular Interval between Onset & Death: 12 months

c. --- Interval between Onset & Death: ---

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

41. Date of Injury: N/A 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: --- City or Town: --- County: --- State: --- Zip Code + 4: ---

46. 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] (Daniel H. Garcia) 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. [Signature]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Daniel Garcia 7938 South O Avenue Concrete 50. Hour of Death (24hrs): 0302

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print): --- 52. Date Signed (mm/dd/yyyy): 6/12/06

53. Title of Certifier: MD 54. License Number: WA 19608 55. ME/Coroner File Number: --- 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: [Signature] 58. Date Received (mm/dd/yyyy): JUN 12 2006

59. Amendments: ---



DOHCHS 903 Rev 2/08/2004

DOH.01-003 (5/99)



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)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

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 forgoing 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)	Voter's 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 18), 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 18th 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 (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

JUN 14 2006

Howard Colbrand
 Skagit County Public Health Department
 Howard Colbrand M.D., Health Officer

NN00933900