

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Kaylee Oudman
Affidavit No. 20241905
Date 08/26/2024

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

LACK OF PROBATE AFFIDAVIT

GRANTOR: JEFFREY L. HORN
GRANTEE: DEANNE M. HORN
PARCEL NUMBER: P64100
LEGAL DESCRIPTION: LOT 40, CEDARGROVE ON THE SKAGIT
(Full legal on pages 2, 3 and Exhibit A)
REFERENCE NUMBERS: 201504160062 (SWD)

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I, DEANNE M. HORN ("Affiant"), being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of JEFFREY L. HORN ("Decedent"), who died intestate on December 28, 2022, in Mount Vernon, Skagit County, Washington, and was at the time of their death a resident of Concrete, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

THAT the Decedent and I were married on the 25th day of June, 1988.

THAT two children were born by the Decedent, namely, RACHEL E. YATES and LAUREN N. MAAR all of whom are adults. The Decedent has no children who are now deceased leaving issue surviving nor had they adopted any children.

UNO
COURT
DOCUMENT

THAT the Decedent never executed a Last Will and Testament; however, their entire estate, including real property interests, passed to Affiant, pursuant to intestate succession laws, RCW 11.04.015(1)(a).

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

DEANNE M. HORN, age 64, Surviving Spouse
300 South 18th Street
Mount Vernon, WA 98724

THAT all obligations, expenses of last illness and funeral and burial services owing at the date of death of the Decedent have been paid in full or provided for, and all future and currently unknown expenses connected therewith shall be provided for by the Affiant.

THAT the Decedent did receive from the State of Washington nursing facility services, home and community-based services, related hospital and prescription drug services, and/or other needs-based benefits, and as such, there is maybe a Medicaid lien owing to the State of Washington in amounts to be determined after notice has been provided.

THAT no inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

THAT probate of the Estate of the Decedent has not been instituted nor contemplated.

THAT all of the real property owned by the Decedent at the time of their death, or in which they had an interest was community property, was situated in Concrete, Skagit County, Washington, and is legally described as follows:

LOT 40, CEDARGROVE ON THE SKAGIT, ACCORDING TO THE PLAT
THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 48 THROUGH 51,
RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: EASEMENTS, RESTRICTIONS AND RESERVATIONS OF
RECORD PER ATTACHED EXHIBIT "A".

Parcel No.: P64100

THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to DEANNE M. HORN in reliance upon the representations set forth above. Affiant agrees to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(h).

Dated this 23rd day of August, 2024.


DEANNE M. HORN

SUBSCRIBED AND SWORN to before me, by DEANNE M. HORN, this 23rd day of August, 2024.





DARELENA DH CHAFE
Notary Public in and for the
State of Washington
Residing in Burlington
My commission expires: 07/23/2026

EXHIBIT A

Covenants, conditions, restrictions, recitals, reservations, easements, easement provisions, dedications, building setback lines, notes and statements, if any, by omitting any covenants or restrictions, if any, including but not limited to those based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, or source of income, as set forth in applicable state or federal laws, except to the extent that said covenants or restriction is permitted by applicable law, as set forth on CEDARGROVE ON THE SKAGIT.

Auditor's No.: 715090

Covenants, conditions, and restrictions contained in declaration(s) of restriction, but omitting any covenant or restrictions, if any, based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, or source of income, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by law;

Recorded: August 24, 1994

Auditor's No(s): 9408240092 being a re-recording of 9404140020, records of Skagit County, Washington

Executed By: Cedargrove Maintenance Company

Amended by instrument:

Recorded: November 2, 1996, and February 12, 1997

Auditor's No.: 9511020058 and 9702120073, records of Skagit County, Washington

Assessments or charges and liability to further assessments or charges, including the terms, covenants, and provision thereof, disclosed in instrument(s):

Recorded: April 14, 1994

Auditor's No(s): 9404140020, records of Skagit County, Washington

Imposed By: Cedargrove maintenance company

AMENDED by instrument:

Recorded: November 2, 1996, and February 12, 1997

Auditor's No.: 9511020058 and 9702120073, records of Skagit County, Washington

Exceptions and reservations as contained in instrument:

Recorded: September 23, 1939

Auditor's No.: 317248, records of Skagit County, Washington

Executed by: The Federal Land Bank of Spokane

Covenants, conditions, and restrictions contained in declaration(s) of restriction, but omitting any covenant or restrictions, if any, based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, or source of income, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by law;

Recorded: December 11, 2007

Auditor's No(s): 200712110047, records of Skagit County, Washington

Executed by: Cedargrove Maintenance Company

LACK OF PROBATE AFFIDAVIT

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ELDERLAW
MEYERS, NEUBECK & HULFORD

2828 Northwest Ave, Bellingham, WA 98225

T: 360.647.8846 F: 360.647.8854

AMENDED by instrument(s):

Recorded: November 21, 2008, October 8, 2009, and October 7, 2011
Auditor's No(s): 200811210102; 200910080108 and 201110070050, records of Skagit
County, Washington

Covenants, conditions and restrictions contained in deed;

Auditor's File No.: 826645, records of Skagit County, Washington
As follows: Use of said property for residential purposes only

Assessments or charges and liability to further assessments or charges, including the terms, covenants, and provisions thereof, disclosed in instrument(s):

Auditor File No.: 826645, records of Skagit county, Washington
Imposed by: Skagit River Development Company

Bylaws and the terms and conditions thereof:

Recorded: September 11, 2006
Auditor's File No.: 200609110132

Modification(s) of said bylaws:

Recorded: October 7, 2011, April 4, 2011, and October 3, 2013
Auditor's File No(s): 201110070051, 201104040113 and 201310030026

As to any portion of said land now, formerly or in the future covered by water: Questions or adverse claims related to (1) lateral boundaries of any tidelands or shorelands; (2) shifting in course, boundary or location of the body of water; (3) rights of the State of Washington if the body of water is or was navigable; and (4) public regulatory and recreational rights (including powers of the USA) or private riparian rights which limit or prohibit use of the land or water.

City, county or local improvement district assessments, if any.

Dues, charges and assessments, if any, levied by Cedargrove Maintenance Company.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

EXHIBIT A

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-066937

DATE ISSUED: 01/05/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JEFFREY LEONARD
LAST NAME(S): HORNCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 28, 2022
HOUR OF DEATH: 05:30 AM
SEX: MALE AGE: 62 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: PORTLAND, ORMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DEANNE PRICEOCCUPATION: INSPECTOR
INDUSTRY: AIRCRAFT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NOINFORMANT: RACHEL YATES
RELATIONSHIP: DAUGHTER
ADDRESS: 527 NW 2ND AVE OAK HARBOR, WA 98277CAUSE OF DEATH:
A: GLIOBLASTOMA
INTERVAL: 6 MONTHSB: [REDACTED]
INTERVAL:
C: [REDACTED]
INTERVAL:
D: [REDACTED]
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: MIRA VISTA
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 46611 BAKER LOOP ROAD
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARSFATHER: JOHN JACOB HORN
MOTHER: DORENE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 30, 2022

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 29, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: DECEMBER 30, 2022



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 _____

Required information must match current information on record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 forgoing 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.

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.

*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.

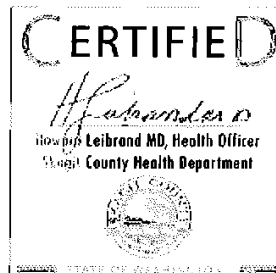
Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, 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.

For those who wish to place the Seal of the State of Washington on their document, please use the Seal of the State of Washington.



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