

After recording, return to:

WILBUR E. DRAFS
214 N. CHERRY ST
BURLINGTON, WA 98233

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Shannon Burrow
DATE 08/30/2024

Grantor (Name of Decedent): CAROL J. DRAFS

Grantee (Heirs): WILBUR E. DRAFS

Abbreviated Legal Description: LT 3 ALL 4 & 5, BLK 27, AMENDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASH.

Tax Parcel No.(s): P71468/4076-027-005-0009

Chicago Title
620057091

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, WILBUR E. DRAFS, executes this affidavit relating to the estate of CAROL J. DRAFS (herein "Decedent"), who died on 9-17-2022 in the County of Skagit, State of Washington, then being a resident of the City of Burlington, 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.

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

other (identify:)

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: Wilbur Drafs-Husband

Name and relationship: Diane VanderWal-Daughter

Name and relationship: Shane Drafs-Son

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:

THE WEST 1/2 OF LOT 3 ALL 4 & 5, BLOCK 27, AMENDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASH., AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 17, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

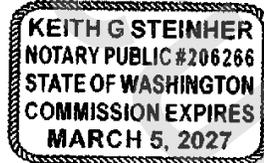
Wilbur Drafs
Signature

WILBUR E. DRAFS
Print Name

State of Washington
County of Whatcom

This record was acknowledged before me on 8-27-2024 by
WILBUR E. DRAFS

(Signature of notary public)
Notary Public in and for the State of WA
My commission expires: 2-5-27



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-048544

LOCAL FILE NUMBER: 10339

DATE ISSUED: 05/13/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CAROL JOYCE
LAST NAME(S): DRAFS

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: SEPTEMBER 17, 2022
HOUR OF DEATH: 08:04 PM
SEX: FEMALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: JOSEPHINE'S CARING COMMUNITY
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

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

RESIDENCE STREET: 214 N CHERRY ST
CITY, STATE, ZIP: BURLINGTON, WA 98233-1206
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 47 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: HOLLYWOOD, CA

FATHER: CLYDE HENRY FREEMAN
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: WILBUR DRAFS

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK

OCCUPATION: HOUSEWIFE
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: FERNDALE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 28, 2022

INFORMANT: DIANE VANDERWAL
RELATIONSHIP: DAUGHTER
ADDRESS: 12215 COUNTRY LANE, BURLINGTON, WA, 98233

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - GREENACRES

CAUSE OF DEATH:
A: ACUTE COVID PNEUMONIA AND HYPOXIA
INTERVAL: 4 WEEKS

ADDRESS: 5700 NORTHWEST DR
CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248
FUNERAL DIRECTOR: JOHN W. MOLES

B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ADVANCED DEMENTIA ONSET 4 YEARS PRIOR

MANNER 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 RESPONSE

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

CERTIFIER NAME: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: SEPTEMBER 22, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JOBI L. NORMAN
DATE RECEIVED: SEPTEMBER 22, 2022



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

| | | | | |
|-----------------|---|--|---|--|
| Required | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce) | | | |
| | 1. Name on Record: First Middle Last | | 2. Date of Event: MM/DD/YYYY | 3. Place of Event: (City or County) |
| | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Initials | | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden | |
| | 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: PO Box or Street Address City State Zip

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: Printed name: Date: | | 14b. Signature of 2 nd parent (if required): 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

1. 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.
2. 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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. 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.

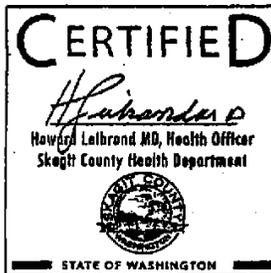
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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 not valid unless the Seal of the State of Washington changes color when heat applied.