

After recording, return to:  
Christi Frohreich

33 Wickers Lane,  
Oak Harbor, WA 98277

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY BELEN MARTINEZ  
DATE 08/30/2024

Grantor (Name of Decedent): Harold G. Frohreich Jr.  
Grantee (Heirs): Christi L. Frohreich  
Abbreviated Legal Description: LT 16, ASSESSOR'S PLAT OF JESS KNUTZEN'S TRACTS  
Tax Parcel No.(s): P66217 / 3932-000-016-0009

### INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

Chicago Title  
620056463

COUNTY OF Skagit

The undersigned, Christi L. Frohreich executes this affidavit relating to the estate of Harold G. Frohreich (herein "Decedent"), who died on 3/26/22, in the County of Skagit, State of WA, then being a resident of the City of Burlington, County of Skagit, State of WA.  
(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: Christi L. Frohreich - wife

Name and relationship: \_\_\_\_\_

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.

Christi L. Frohreich  
 Signature

Christi L. Frohreich  
 Print Name

State of WA  
 County of Skagit

This record was acknowledged before me on 8-1-24 by

Christi L. Frohreich  
Justyne P. Riehl

(Signature of notary public)

Notary Public in and for the State of Washington

My commission expires: 12-9-25



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P66217 / 3932-000-016-0009**

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LOT 16, ASSESSOR'S PLAT OF JESS KNUTZEN'S TRACTS, ACCORDING TO THE PLAT  
THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGE 85, 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: 2022-016766

DATE ISSUED: 03/31/2022  
FEE NUMBER: 310322

FIRST AND MIDDLE NAME(S): HAROLD GEORGE  
LAST NAME(S): FROHREICH JR

AKA: HAL FROHREICH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 26, 2022

HOUR OF DEATH: 12:22 PM

SEX: MALE AGE: 66 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: MEDFORD, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CHRISTI L WATKINSON

OCCUPATION: CONSULTANT

INDUSTRY: LEAN MANUFACTURING

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: CHRISTI L FROHREICH

RELATIONSHIP: SPOUSE

ADDRESS: 16925 PETERSON ROAD, BURLINGTON, WA 98233

### CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE

INTERVAL: 10 DAYS

B: MALIGNANT PLEURAL EFFUSION

INTERVAL: 21 DAYS

C: ADENOCARCINOMA OF THE LUNG (RECENTLY DIAGNOSED)

INTERVAL: 2 MONTHS

D:

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 16925 PETERSON ROAD

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: HAROLD GEORGE FROHREICH SR

MOTHER: JUDITH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

CITY, STATE: STANWOOD, WASHINGTON

DISPOSITION DATE: MARCH 30, 2022

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 8808 271ST ST NW

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

FUNERAL DIRECTOR: AMY H. BERMAN

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

CERTIFIER NAME: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: MARCH 29, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ALLEN JOHNSON, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MARCH 30, 2022

Washington State Department of Health		Affidavit for Correction	
DOH 422-034 August 2019		This is a legal document. Complete in ink and do not alter.	
<b>STATE OFFICE USE ONLY</b>			
State File Number	Fee Number	Initials	Date
Affidavit Number			
<b>Required</b>	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 foregoing is true and correct.			
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	Date:
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information			
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:			
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>			
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.			
<b>Birth Certificates</b>			
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).			
<b>Child under 18</b>			
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>			
*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.			
<b>Adult (18 years or older)</b>			
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>			
<b>Death Certificates</b>			
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.			
<b>Marriage/Dissolution (Divorce) Certificates</b>			
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.

