



202409260128

09/26/2024 03:49 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

Stephen C. Schutt
P.O. Box 1032
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024-2294
SEP 26 2024

Amount Paid \$0
Skagit Co. Treasurer
By KE Deputy

AFFIDAVIT (LACK OF PROBATE)

Shelly L. Ewing, being first duly sworn, deposes and says:
Notary

The undersigned affiant/grantee Clyde R. Hutton is a rightful heir, as listed on
Affiant/Grantee

heirs at law, to the real property described below, and is the husband
Relationship to decedent

of Barbara J. Hutton, who died on 11/21/2020
Decedent/Grantor Date

at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

LOT 25 "SKYLINE NO. 8"

AND

SKYLINE NO 17 - CONDOMINIUM LOT 142 .6308%

Assessor's Property Tax Parcel/Account Number: P59682/3824-000-025-0009 AND
(Attach full legal description of the property) P60233/3830-000-142-0009

☒ 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)

(Page 1 of 4)

Clyde R. Hutton, 90 years old, Husband, 512 - 148th Street NE
Arlington, WA 98223
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: September 4, 2024

Clyde R. Hutton

Affiant's full name

(206) 920-1398

Telephone number

512 - 148th Street NE

Arlington

Street
WA

98223

City

State

Zip Code

Clyde R. Hutton
Signature

9/4/24
Date

State of Washington County of Skagit

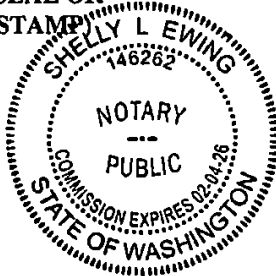
I know or have satisfactory evidence that Clyde R. Hutton
(name of person)

is the person who appeared before me, and said person acknowledged that (he/~~she~~) signed this affidavit and acknowledged it to be (his/~~her~~) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9/4/24

Shelly L. Ewing
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Anacortes

Notary Public in and for the State of Washington

My appointment expires: 02/04/26

ATTACHMENT "A"

Address: 4909 Kingsway

Assessor's Property Tax Parcel/Account: P59682/3824-000-025-0009

LOT 25, SKYLINE WAY NO. 8, AS PER PLAT THEREOF RECORDED
IN VOLUME 9 OF PLATS, PAGES 72 THROUGH 74, RECORDS OF
SKAGIT COUNTY, WASHINGTON.

Situate in the County of Skagit, State of Washington

And

Address: 2304 Skyline Way, Dock D, 142

Assessor's Property Tax Parcel/Account: P60233/3830-000-142-0009

SKYLINE NO 17 - CONDOMINIUM LOT 142 .6308%

Situate in the County of Skagit, State of Washington

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-054252

DATE ISSUED: 11/25/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): BARBARA JOAN
LAST NAME(S): HUTTON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 21, 2020

HOUR OF DEATH: 12:30 AM

SEX: FEMALE AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BOSTON, MA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CLYDE RALPH HUTTON

OCCUPATION: SECRETARY

INDUSTRY: CIVIL SERVICE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: CLYDE R HUTTON

RELATIONSHIP: HUSBAND

ADDRESS: 4909 KINGSWAY, ANACORTES, WA 98221

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA

INTERVAL: 1 DAY

B: EMPYEMA

INTERVAL: 1 MONTH

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CRITICAL ILLNESS MYOPATHY,
ACUTE METABOLIC ENCEPHALOPATHY, SEVERE MALNUTRITION

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: 4909 KINGSWAY

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER: RAYMOND GILTON

MOTHER: FLORENCE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: NOVEMBER 25, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JEFFREY W. MILLER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: NOVEMBER 23, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: NOVEMBER 23, 2020

Affidavit for Correction

09/26/2024 03:48 PM Page 1 of 1
 Washington State Department of Health
 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				
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:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	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:	14b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	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.



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

CERTIFIED

NOV 25 2020

Howard Leibrand
 Skagit County Health Department
 Howard Leibrand M.D., Health Officer



0 4 1 4 3 5 4 3