



202410220068

10/22/2024 03:26 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

WHEN RECORDED RETURN TO:

Evan E. Inslee
3728 196th Ave Ct E.
Lake Tapps, WA 98391

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY *Debra Thompson*
DATE *10-22-24*

DOCUMENT TITLE(S)

LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR: Carla P. Inslee

GRANTEE(S): Carla P. Inslee

ABBREVIATED LEGAL DESCRIPTION:

Lot B, Short Plat No. 93-012 recorded June 8, 1993, aiuditor file 9306080045

TAX PARCEL NUMBER(S):

P 17944

State of Washington)

County of Skagit)

LACK OF PROBATE AFFIDAVIT

CARLA JEAN INSLEE, being sworn under oath deposes and says:

1, I, Carla Jean Inslee, formerly Carla Jean McClelland was married to Frank Evan Inslee and constituted a marital community. All of our property was community property.

2. Frank Evan Inslee demised on February January 24, 2024, then a resident of Mt. Vernon, Skagit County, Washington. A certificate of his death is attached hereto as Exhibit A, reference being made thereto as if incorporated herein.

2. Frank Evan Inslee was survived by wife Carla Jean Inslee and his children, Jamie Alice Inslee and Frank Chander Inslee, and step children Joshua Charles McClelland, Alexis Grace Dugan, Caleb William McClelland and Jeffrey Scott McClelland, all of whom are of legal age.

3. Frank deceased without a will and there will not be a probate administration of his estate, all of which as community property now vested in Carla Jean Inslee.

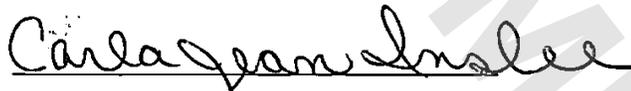
4. Real property owned by the community is located in Skagit County, Washington at 18377 Cardinal Lane, Mt. Vernon, Washington, 98274 which constituted community property is legally described in Exhibit B attached hereto, reference being made thereto as if incorporated in full herein. Said property is subject of Skagit County Assessor Parcel # P 17944.

5. All debts owed at death, death expenses and costs of administration have been paid and there are no state or federal inheritance or estate taxes due as result of his demise.

6. The purpose of this affidavit is to allow all people and title insurance companies to rely with full acquittance on the facts of this affidavit and for the title insurance companies of the State of Washington to issue clear title insurance to third parties without any exception for failure to probate or formally otherwise administer the Estate of Frank Evan Inslee. Declarant warrants and guarantees the accuracy of facts herein and agrees to indemnify and save harmless title insurance companies from relying hereon as a basis of issuing a clear title free of encumbrance due to the death of Frank Evan Inslee.

Declared and certified under oath and threat of perjury this 9th day of October, 2024, at Lake Tapps, Washington.

State of Washington



CARLA JEAN INSLEE

County of Pierce

I certify that I know or have satisfactory evidence that Carla Jean Inslee is the person who appeared before me and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated Oct. 9, 2024

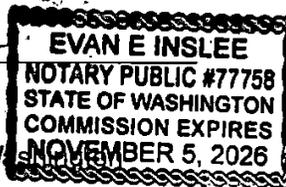
Evan E. Inslee

Printed Name: Evan E. Inslee

Notary Public in and for State of Washington

Residing at: Lake Tapps

My Appointment expires: Nov. 5, 2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-003505

DATE ISSUED: 01/26/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): FRANK EVAN
LAST NAME(S): INSLEE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 24, 2024
HOUR OF DEATH: 06:36 AM
SEX: MALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 18377 CARDINAL LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 18377 CARDINAL LANE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: FRANK INSLEE
MOTHER: ADELE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CARLA ESKES

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: ART TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 25, 2024

INFORMANT: CARLA INSLEE
RELATIONSHIP: WIFE
ADDRESS: 18377 CARDINAL LANE MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: HOURS
B: UPPER GASTROINTESTINAL BLEEDING
INTERVAL: HOURS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ADRENAL INSUFFICIENCY,
CHRONIC KIDNEY DISEASE STAGE 3, HYPOTHYROIDISM.

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: JOSHUA BURNELL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2075 BARKLEY BOULEVARD, #105
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
DATE SIGNED: JANUARY 25, 2024

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: CHRISTIAN G. STECHER
DATE RECEIVED: JANUARY 25, 2024

EXHIBIT A

DOH422-132SKAGIT (2/22)



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
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Required information must match current information on record

Record Type: Birth Death Marriage 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/Maiden
 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital Person on Record: Parent(s) Funeral Director 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 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.
 • 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.

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.

Death Certificates

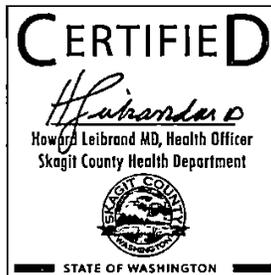
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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 of 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.



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EXHIBIT ^B LEGAL DESCRIPTION

Page: 4 of 4

Account #: 16930404
Order Date: 06/03/2010
Reference: 20101531346361
Name: FRANK INSLEE
Deed Ref: 200601170172

Index #:
Parcel #: P17944

LOCATED IN SKAGIT COUNTY, WASHINGTON; LOT B OF SHORT PLAT NO. 93-012 AS APPROVED JUNE 8, 1993 AND RECORDED JUNE 8, 1993 IN VOLUME 10 OF SHORT PLATS, PAGE 208, UNDER AUDITOR'S FILE NO. 9306080045, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 6, TOWNSHIP 33 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN.

SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESERVATIONS, LEASES AND RESTRICTIONS OF RECORD, ALL LEGAL HIGHWAYS, ALL RIGHTS OF WAY, ALL ZONING, BUILDING AND OTHER LAWS, ORDINANCES AND REGULATIONS, ALL RIGHTS OF TENANTS IN POSSESSION, AND ALL REAL ESTATE TAXES AND ASSESSMENTS NOT YET DUE AND PAYABLE.

BEING THE SAME PROPERTY CONVEYED BY DEED RECORDED IN DOCUMENT NO. 200601170172, OF THE SKAGIT COUNTY, WASHINGTON RECORDS.



6601 8/11/2010 76553857/1

6601 8/11/2010 76553857/1



201008230178
Skagit County Auditor

EXHIBIT D