

After recording, return to:
Estate of Scott D. Bryner

21771 Sterling Drive
Sedro Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 10/30/2024

Grantor (Name of Decedent): Scott D. Bryner

Grantee (Heirs): Janine Bryner

Abbreviated Legal Description: LT. 4, SP NO. 96-014, REC NO. 9605230034, PTN NW SW 16-35-7E,
W.M.

Tax Parcel No.(s): P108790 / 350716-3-003-2200

Chicago Title
620057025

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, Janine Bryner, executes this affidavit relating to the estate of Scott D. Bryner (herein "Decedent"), who died on Jan. 02, 2022 in the County of Skagit, State of Washington, then being a resident of the City of Concrete, 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: Janine Bryner - 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.

Janine Bryner
 Signature

Janine Bryner
 Print Name

State of Washington
 County of Skagit

This record was acknowledged before me on 10/11/24 by Janine Bryner

Allison M Summers
 (Signature of notary public)

Notary Public in and for the State of WA
 My commission expires: 04-09-25

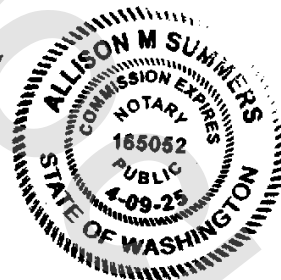


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P108790 / 350716-3-003-2200

LOT 4, SKAGIT COUNTY SHORT PLAT NO. 96-014. APPROVED MAY 10, 1996, AND RECORDED MAY 20, 1996, IN VOLUME 12 OF SHORT PLATS, PAGE 102, UNDER AUDITOR'S FILE NO. 9605230034, RECORDS OF SKAGIT COUNTY; BEING A PORTION OF THE NORTHWEST OF THE SOUTHWEST OF SECTION 16, TOWNSHIP 35 NORTH, RANGE 7 EAST, W.M.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON. PARCEL "B": A 20 FOOT ACCESS AND UTILITIES EASEMENT AS DELINEATED ON THE FACE OF SKAGIT COUNTY SHORT PLAT NO. 96-014, AS RECORDED UNDER AUDITOR'S FILE NO. 9605230034.

TOGETHER, WITH A 60 FOOT WIDE ROADWAY AND 450 RADIUS CUL-DE-SAC EASEMENT FOR ACCESS AND UTILITIES, DELINEATED AS KELLY LANE ON THE FACE OF SKAGIT COUNTY SHORT PLAT NO. 96-014, AS RECORDED UNDER AUDITOR'S FILE NO. 9605230034.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-000142

DATE ISSUED: 10/08/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SCOTT DOUGLAS

LAST NAME(S): BRYNER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 02, 2022

HOUR OF DEATH: 03:25 PM

SEX: MALE AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTH PLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JANINE VERONA ZIEGLER

OCCUPATION: DECK HAND

INDUSTRY: FERRY SYSTEM

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: JANINE V BRYNER

RELATIONSHIP: WIFE

ADDRESS: 38210 KELLY LANE, CONCRETE WA 98237

CAUSE OF DEATH:

A: PERFORATING GUNSHOT WOUND TO HEAD

INTERVAL: IMMEDIATE

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: JANUARY 02, 2022

HOUR OF INJURY: 03:25 PM

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 38210 KELLY LANE

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: SELF-INFLICTED GUNSHOT WOUND
WITH RIFLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 38210 KELLY LANE

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 38210 KELLY LANE

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: CHARLES ROBERT BRYNER

MOTHER: DOROTHY RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: JANUARY 05, 2022

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: MIA T. KEYS

MANNER OF DEATH: SUICIDE

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

CERTIFIER NAME: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JANUARY 03, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 220102-586

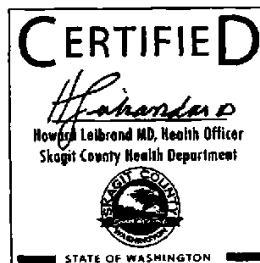
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: JANUARY 05, 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:		2. Date of Event:
	First Middle Last _____		MM/DD/YYYY _____
	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 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:			
<ul style="list-style-type: none"> • 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		Adult (18 years or older)	
<ul style="list-style-type: none"> • 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. 		<ul style="list-style-type: none"> • 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.



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