

Return Address:

Rebecca Kippenhan
1704 N 32nd Place
Mount Vernon WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20243001
Date 11/19/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Rebecca J. Kippenhan being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Spouse
Relationship to decedent

of Darren L. Kippenhan who died on July 28, 2018
Decedent/Grantor Date
at Mount Vernon, Skagit County, Washington State
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:
1704 North 32nd Place, Mount Vernon, WA 98273
Lot 53 Plat of Emerald Vol 12 p. 31 & 32

Assessor's Property Tax Parcel/Account Numbers: (List All)

Parcel: P 8100 5

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Renee K. Naidu 39yrs Daughter by marriage
Full name, age and relationship

4514 Eddie Lane Blaine WA 98230
Address City State Zip

Dustin L. Kippenhan 37yrs Son
Full name, age and relationship Apt. A

326 W Munro St Sedro Woolley WA 98284
Address City State Zip

Misty Casey 36 yrs daughter
Full name, age and relationship

11200 Helena Trail SW Port Orchard WA 98367
Address City State Zip

Allusa J. Cleave 34 yrs daughter
Full name, age and relationship

16974 Dunbar Road Mount Vernon WA 98273
Address City State Zip

Kyle D. Kippenhan 33 yrs son
Full name, age and relationship

490 Vinemaple Way Sedro Woolley WA 98284
Address City State Zip

Rebecca J. Kippenhan 56 yrs Spouse
Full name, age and relationship

1704 N. 32nd Place Mount Vernon WA 98273
Address City State Zip

Tabitha A. Presser 48 yrs Sister
Full name, age and relationship

unknown Vancouver (?) WA
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 134,700.00 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: October 10, 2024 R. Kippenhan

Rebecca J. Kippenhan 360.391.1383
Affiant's full name Telephone number

1704 North 32nd Place Wenatchee WA 98273
Street City State Zip Code
Rebecca J. Kippenhan X R. Kippenhan sign in front of notary

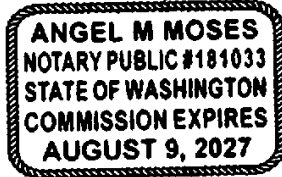
State of Washington County of Snohomish

I know or have satisfactory evidence that Rebecca J. Kippenhan
(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: Nov 14, 2024 Angel M. Moses
Signature of Notary Public

(SEAL OR STAMP)



Residing at Snohomish

Notary Public in and for the State of WA

My appointment expires: 8.9, 2027

(Based on REV 84 0017 (1/3/17))

EXHIBIT A

LEGAL DESCRIPTION: Real property in the County of Skagit, State of Washington, described as follows:

Lot 53, PLAT OF EASTWIND, as per plat recorded in Volume 12 of Plats, pages 31 and 32, records of Skagit County, Washington;
EXCEPT mineral rights as reserved by the State of Washington by Deed dated May 8, 1908, and recorded May 20, 1908, under Auditor's File No. 67757 in Volume 74 of Deeds, page 221, records of Skagit County, Washington.

Tax Parcel ID No. P81005/4384-000-053-0004

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-033518

DATE ISSUED: 08/02/2018
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): DARREN LEE
LAST NAME(S): KIPPENHAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 28, 2018
HOUR OF DEATH: 12:00 PM
SEX: MALE AGE: 52 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SPOUSE: REBECCA JOAN ASSINK

OCCUPATION: DISABLED
INDUSTRY: DISABLED
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: REBECCA JOAN KIPPENHAN
RELATIONSHIP: SPOUSE
ADDRESS: 1704 NORTH 32ND PLACE, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: HEPATIC FAILURE
INTERVAL: MONTHS
B: NON-ALCOHOLIC STEATOHEPATITIS
INTERVAL: YEARS
C: OBESITY
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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: HOME
FACILITY OR ADDRESS: 1704 NORTH 32ND PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1704 NORTH 32ND PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER/PARENT: DARRELL LEE KIPPENHAN SR
MOTHER/PARENT: PHYLLIS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: AUGUST 02, 2018

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: TIM D. POWELL

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JULY 30, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: AUGUST 01, 2018



Affidavit for Correction

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	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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County	
	4. Father/Parent Full Legal 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 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: P.O. 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 now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD



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