

Return Address:
Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
213337-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY BELEN MARTINEZ
DATE 12/20/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Rachel Anshutz, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of
Steven K. Anshutz,
Relationship to decedent *Decedent/Grantor Name*

who died on March 19th, 2022 at
Date

Burlington Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 40, Vedere Terrace

Assessor's Property Tax Parcel/Account Number: 4035-000-040-0003/P70181
(Attach full legal description of the property)

- 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)

Rachel A. Anshutz, 45, Surviving Spouse

2150 Inglewood Dr., East Wenatchee, WA 98802

Full name, age, relationship, address

Charlene Anshutz, Mother

Full name, age, relationship, address

Gary Anshutz, Father

Full name, age, relationship, address

Mike Anshutz, Brother

Full name, age, relationship, address

Greg Anshutz, Brother

Full name, age, relationship, address

Aishah Anshutz, Daughter

Full name, age, relationship, address

Anthony Miller, Son

Full name, age, relationship, address

Jhenna Anshutz, Daughter

Full name, age, relationship, address

Heirs Cont.:

Morgan Johnson, Daughter

Benjamin Mendoza, Step-son

UNOFFICIAL DOCUMENT

Note: A request to insure may be required from an attorney, and deeds may be required from heirs or devisees of the decedent.

Rachel Anshutz

Affiant's Signature

Rachel Anshutz

Printed Name of Affiant

2150 Ingelwood Drive

East Wenatchee 98802

Address

360-853-6051

Phone Number

State of: Washington

County of: Douglas^U Chelan

I certify that I know or have satisfactory evidence that Rachel Anshutz is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 11/29/2024

Logan Lee

Signature

Notary Public

Title

My appointment expires: 03/03/2028



EXHIBIT "A"

LEGAL DESCRIPTION

Parcel Number: 4035-000-040-0003/P70181

Lot 40, "VEDERE TERRACE, SKAGIT COUNTY, WASH.," as per plat recorded in Volume 7 of Plats, page 84, 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: 2022-015411

DATE ISSUED: 03/23/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEVEN KEITH
LAST NAME(S): ANSHUTZ

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 19, 2022
HOUR OF DEATH: 07:25 AM FOUND
SEX: MALE AGE 46 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 12116 HILYNN DRIVE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 12116 HILYNN DRIVE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE:
BIRTHPLACE: EVERETT, WA

FATHER: GARY ANSHUTZ
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RACHEL GRIMBLY

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

OCCUPATION: OPERATOR
INDUSTRY: REFINERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 23, 2022

INFORMANT: RACHEL ANSHUTZ
RELATIONSHIP: WIFE
ADDRESS: 12116 HILYNN DRIVE BURLINGTON, WA 98233

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

CAUSE OF DEATH:
A: CARDIOVASCULAR DISEASE, RECENT CEREBRAL VASCULAR ACCIDENT, UNCONTROLLED HYPERTENSION

INTERVAL: WEEKS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: MADELINE BUTTON, PAC
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 1801 E. DIVISION STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 78274
DATE SIGNED: MARCH 23, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: MADELINE BUTTON, PHYSICIAN ASSISTANT

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 23, 2022



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mailed to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number

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	
	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 (Parents) <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital	

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 _____ Date _____ Printed name _____

14b. Signature of 2nd parent (if required) _____ Date _____ Printed name _____

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 Number Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Unexpired 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.

CERTIFIED

MAR 23 2022

Howard T. Brown
 Skagit County Health Department
 Howard T. Brown M.D. Health Officer



0 5 4 9 1 0 6 2

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