

When Recorded Return To:)

Jessica M. Jetter)

Bryan & Jetter, PLLC)

3500 NW Anderson Hill Rd, Suite 102)

Silverdale, WA 98383)

Real Estate Excise Tax

Exempt

Skagit County Treasurer

By Lena ThompsonAffidavit No. 20250393Date 02/14/2025

LACK OF PROBATE AFFIDAVIT

GRANTOR: GEORGE R. CRAIG, deceased

GRANTEE: ELSIE M. CRAIG, deceased

LEGAL DESCRIPTION (Abbreviated): 1 Cedars Condominium

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER: P112562 / 4705-000-001-0000

STATE OF WASHINGTON)

) ss.

COUNTY OF KITSAP)

DAWN ELIZABETH CRAIG, being first duly sworn, deposes and states as follows:

1. Identify of Affiant. The undersigned Affiant is the daughter of GEORGE R. CRAIG who died on September 14, 2023, at Mt. Vernon, Skagit County, Washington.

2. Description of Property. Decedent died owning that certain real property commonly known as 1025 CYPRESS COURT, BURLINGTON, WA 98233, Skagit County Tax Parcel No. P112562 / 4705-000-001-0000 (hereinafter "Real Property") legally described as follows:

DK 12: UNIT 1, THE CEDARS, A CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED FEBRUARY 2, 1998, UNDER AUDITOR'S FILE NO. 9802050054, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND ANY AMENDMENTS THERETO, AND AMENDED SURVEY MAP AND PLANS THEREOF RECORDED IN VOLUME 16 OF PLATS, PAGES 214 THROUGH 219 INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

3. Decedent's Heirs at Law. Decedent's heirs-at-law (including any natural or adopted children or issue, parents, and siblings) and their respective addresses, relationships to Decedent, and ages are as follows:

Name	Address	Relationship	Age
Elsie M. Craig	1025 Cypress Court, Burlington, WA 98233	Wife	Adult
Dawn Elizabeth Craig	10849 NE Apple Tree Point Ln. Kingston, WA 98346	Daughter	Adult
Holly Beth Chubbuck	176 Gilbertson Rd. Camano Island, WA 98282	Daughter	Adult
Heather Waters	23826 17th Pl W. Bothell, WA 98021	Daughter	Adult

4. Decedent's Will & Probate. Decedent left a Will that has been filed under Skagit County Superior Court No. 25-4-00013-29. There was no probate action opened for Decedent's estate.

5. Distribution of Property. The Real Property shall be transferred and distributed to Decedent's surviving spouse, Elsie M. Craig, pursuant to the terms of the Decedent's Will.

6. Decedent's Debts and Expenses. All of Decedent's, and/or the marital community's, debts and expenses (including expenses of last illness, funeral, and burial) have been paid for or otherwise provided for.

7. Taxes. All estate taxes, both state and federal, have been paid (there are no such taxes due).

8. Washington Assistance. Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

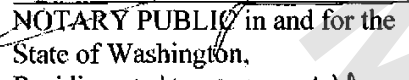
9. Purpose of Affidavit. Affiant makes this Affidavit to induce any Title Insurance Company, in reliance on the representations made in this Affidavit, to issue its policies of title insurance on the Real Property in which Decedent held an interest at Decedent's death.

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

DATED this 14 day of Jan, 2025 at Kingston, WA, Washington.


DAWN ELIZABETH CRAIG

SIGNED AND SWORN to before me on this 14 day of January, 2025


NOTARY PUBLIC in and for the
State of Washington,
Residing at: Kingston, WA
My appointment expires: 9/27/26

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-045201

DATE ISSUED: 09/19/2023

FEE NUMBER: 1706078

FIRST AND MIDDLE NAME(S): GEORGE RALPH
LAST NAME(S): CRAIG JR

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 14, 2023

HOUR OF DEATH: 03:17 AM

SEX: MALE AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: COLUMBUS, OH

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ELSIE WEBER

OCCUPATION: DENTIST

INDUSTRY: ODONTOLOGY

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: NO

INFORMANT: ELSIE CRAIG

RELATIONSHIP: SPOUSE

ADDRESS: 1025 CYPRESS COURT, BURLINGTON, WA, 98233

CAUSE OF DEATH:

A: SENILE DEGENERATION OF THE BRAIN

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: ASHLEY GARDENS

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

RESIDENCE STREET: 1025 CYPRESS CT

CITY, STATE, ZIP: BURLINGTON, WA 98233-3040

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: GEORGE RALPH CRAIG SR

MOTHER: MARTHA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: SEPTEMBER 20, 2023

FUNERAL FACILITY: SUNSET HILLS FUNERAL HOME

ADDRESS: 1215 145TH PLACE SE

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98007

FUNERAL DIRECTOR: BREANNA R. SERRANO

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: SEPTEMBER 14, 2023

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: SEPTEMBER 18, 2023



Affidavit for Correction

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

 Department of Health
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-234-4300

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

Required	Required information must match current information on record				
	Record Type	Birth	Death	Marriage	Dissolution (Divorce)
	1. Name on Record				2. Date of Event
					3. Place 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 <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:	
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 Number 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 of 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 422-139).

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 parent's 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

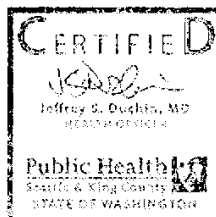
- Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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
 Wash. is on document when heat applied.



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