

When Recorded Return To:)
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 Jessica M. Jetter)
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 Bryan & Jetter, PLLC)
)
 3500 NW Anderson Hill Rd, Suite 102)
)
 Silverdale, WA 98383)

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 02/14/2025

LACK OF PROBATE AFFIDAVIT

GRANTOR: ELSIE M. CRAIG, deceased
 GRANTEE: DAWN ELIZABETH CRAIG, a married person as her separate property, HOLLY BETH CHUBBUCK, a married person as her separate property, and HEATHER WATERS, an unmarried person
 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 ELSIE M. CRAIG who died on October 18, 2024, at Burlington, 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
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-A-00012-29. 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 daughters, Dawn Elizabeth Craig, Holly Beth Chubbuck, Heather Waters, 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.

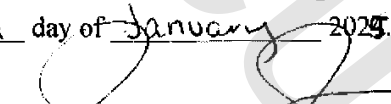
9. Purpose of Affidavit. Affiant makes this Affidavit to induce any Title Insurance Company, in reliance on the representations made in this Affidavit, to issue its policies of title insurance on the Real Property in which Decedent held an interest at Decedent's death.

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, 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: 2024-051685

DATE ISSUED: 10/28/2024

FEE NUMBER: 1706078

FIRST AND MIDDLE NAME(S): ELSIE MAE
LAST NAME(S): CRAIGCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 18, 2024
HOUR OF DEATH: 05:38 PM
SEX: FEMALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: PITTSBURGH, PAMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NOINFORMANT: HEATHER WATERS
RELATIONSHIP: DAUGHTER
ADDRESS: 23826 17TH PL W, BOTHELL, WA 98021CAUSE OF DEATH:
A: RECTAL CANCER
INTERVAL: 11 YEARSB:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASIS TO LUNG AND
LIVER, ESOPHAGEAL STRICTUREDATE 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: DECEDENT'S HOME
FACILITY OR ADDRESS: 1025 CYPRESS CT
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE 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: 8 YEARSFATHER: WILLIAM WEBER
MOTHER: NANCY [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: OCTOBER 28, 2024

FUNERAL FACILITY: SUNSET HILLS FUNERAL HOME

ADDRESS: 1215 145TH PLACE SE
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98007
FUNERAL DIRECTOR: CAITLIN DORRISMANNER 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: NOT APPLICABLECERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: OCTOBER 23, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: OCTOBER 24, 2024



Affidavit for Correction

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

Washington State Department of 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	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: _____	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 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 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, 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.



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