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04/07/2025 03:17 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20251003

APR 07 2025

Amount Paid \$ 0
Skagit Co. Treasurer

By LT Deputy

Document Title:

LACK OF PROBATE AFFIDAVIT

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. DENNIS L KNUTSON JR AKA DENNIS L KNUTSON, DECEASED

2.

Grantee(s):

☐ additional grantee names on page ____.

1. LORIA A. KNUTSON

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LT 1 & 2 S/P94-049 PTN NE SW 6-35-3

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

63541 & 33866

LACK OF PROBATE AFFIDAVIT – COMMUNITY PROPERTY

LORI A. KNUTSON, being first duly sworn, declares as follows:

1. **Status.** I am the surviving spouse of DENNIS L. KNUTSON JR, then a resident of Bow, Skagit County, Washington. A copy of his Death Certificate is attached to this Affidavit.
2. **Real Property.** Decedent left a community interest in the following real property as community property, described in the attachment to this Affidavit:

Deed dated March 3, 1995 and recorded under Skagit County Recording No. 9503060110 and Deed recorded December 9, 2003 under Skagit County Recording No 200312090101.

3. **Decedent's Will & Probate.**

☒ Decedent left no Will.

4. **Character and Value of Decedent's Estate.** The approximate value of Decedent's estate at death is as follows:

Property	Approximate Value
One-half share of community	\$613,000.00
TOTAL	\$613,000.00

5. **Decedent's Debts & Expenses.** All the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.
6. **Washington Estate Tax.**
☒ Decedent's estate was not liable for Washington estate tax.
7. **Federal Estate Tax.**
☒ Decedent's estate was not liable for federal estate tax.
8. **Washington Assistance.**
☒ Decedent was not liable for repayment for subsistence or medical care to the state of Washington.
9. **Purpose of Affidavit.** I am making this Affidavit to induce Skagit County Assessor's Office, in reliance on the representations made in this Affidavit, to remove Decedent's name from the real property passing to me as the surviving spouse of DENNIS L. KNUTSON JR, because the real property was Decedent's and my community property.

Dated: April 4, 2025

Lori A. Knutson
LORI A. KNUTSON
12561 Samish Island Rd
Bow, WA 98232

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

On this day, April 4, 2025, I certify that I know or have satisfactory evidence that LORI A. KNUTSON is the person who appeared before me and that they acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.



[Signature]
NOTARY PUBLIC for the State of Washington
My Commission expires: Jan. 2/2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-026967

DATE ISSUED: 06/05/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENNIS LAWRENCE
LAST NAME(S): KNUTSON JRCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 04, 2024
HOUR OF DEATH: 09:50 PM
SEX: MALE AGE: 62 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: BURLINGTON, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: LORI LONDONOCCUPATION: HEAVY EQUIPMENT OPERATOR
INDUSTRY: CONSTRUCTION - GENERAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: LORI KNUTSON
RELATIONSHIP: WIFE
ADDRESS: 12561 SAMISH ISLAND ROAD BOW, WA 98232CAUSE OF DEATH:
A: STAGE 4 METASTATIC ADENOCARCINOMA OF THE LUNG
INTERVAL: 1 YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASES TO BONE AND
BRAIN, PULMONARY HYPERTENSIONDATE 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: 12561 SAMISH ISLAND RD
CITY, STATE, ZIP: BOW, WASHINGTON 98232-9331RESIDENCE STREET: 12561 SAMISH ISLAND RD
CITY, STATE, ZIP: BOW, WA 98232-9331
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARSFATHER: DENNIS LAWRENCE KNUTSON SR
MOTHER: MARY [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 05, 2024

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 05, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JUNE 05, 2024

Affidavit for Correction

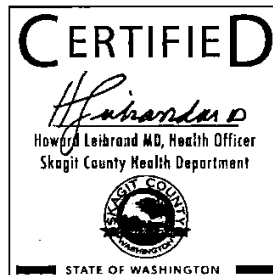
04/07/2025 03:17 PM
 Center for Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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:	3. Place of Event:
	First Middle Last	MM/DD/YYYY	(City or County)	
	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: 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 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 2 nd 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				
<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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