

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20251030
Date 04/09/2025

Document Title:

LACK OF PROBATE AFFIDAVIT

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. DENISE COUTINHO ESTATE

2.

Grantee(s):

additional grantee names on page ____.

1. PAULO C COUTINHO

2.

Abbreviated legal description:

full legal on page(s) 2.

PTN TR 35 PLAT OF BURLINGTON ACREATE PROPERTY

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P62486

This is a two-part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, JOINT TENANCY OR TRANSFER ON DEATH DEEDS

Title Insurance Commitment No.: 74302635, County: Skagit

STATE OF WA)

SS:

COUNTY OF Skagit)

The undersigned, Paulo C. Coutinho, executes this affidavit relating to the estate of Denise Coutinho (herein "Decedent"), who died on 04/20/2024, in the County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
Surviving child of the Decedent
Registered domestic partner of the Decedent
One of the joint tenants named in that certain instrument creating a joint tenancy with a right-of survivorship identified in that certain deed recorded on [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

- 1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of decedent); and
3. all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death; see RCW11.04.015:

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Paulo Cesar Coutinho Husband
Address: 150 N section St Burlington WA 98233
Name & relationship Leinna Neveah Coutinho Daughter
Address: 150 N section St Burlington WA 98233
Name & relationship
Address:
Name & relationship
Address:
Name & relationship
Address:

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above-referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property
 Separate property
 Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 married to Denise Coutinho Paulo Coutinho
 unmarried, not a registered domestic partner
 unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 married to Denise Coutinho Paulo Coutinho
 unmarried, not a registered domestic partner
 unmarried, a registered domestic partner of _____
3. That on the date of death the Decedent was a citizen of the following country Mexico and a permanent resident of Washington (if Decedent was a resident different from that of their citizenship).
4. That the decedent left a Will, a copy of which is attached hereto.
 That the decedent left no Will.
 That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____ (if unrecorded, attach a copy)
5. That the decedent's estate is not being probated.
 That the decedent's estate is subject to probate proceedings in _____ County, State of _____ under Probate No. _____
6. If title transferred pursuant to a Transfer on Death Deed:
 That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed
 That there was consideration given in the amount of \$ _____, including the value of monetary, non-monetary, in-kind, and other consideration.
7. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid.
 Copies of the release/discharge are attached hereto.
 That State and/or Federal succession or inheritance taxes are due in the approximate amount of \$ _____, but have not been paid.
8. That the decedent has not received assistance from the State of Washington for medical care.
 That the decedent has received assistance from the State of Washington for medical care.
 That the State of Washington has been fully reimbursed for assistance for medical care.
9. If title was owned by the decedent in *joint tenancy*:
 That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy,
 That the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law;

That the joint tenancy continued in full force until the death of the Decedent and, if there are two or more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 390,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 390,000, and including the value of Decedent's separate property, if any, of approximately \$ 390,000, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 390,000.

This affidavit is made to induce _____ (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 10/11, 2024

Paulo
(Signature)

Paulo Cesar Coutinho
(Print or type full name)

150 N Section St Burlington WA 98233 (360) 708-3362
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 11th day of October, 2024

Rajpal Dhaliwal
Notary Public in and for the State of WA
Residing 1777 S. Burlington at WA



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-019394

DATE ISSUED: 04/23/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENISE
LAST NAME(S): COUTINHO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 20, 2024
HOUR OF DEATH: 09:50 PM

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

SEX: FEMALE AGE: 35 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 150 N SECTION ST
CITY, STATE, ZIP: BURLINGTON, WA 98233-2125
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO
RACE: HISPANIC

FATHER: JOEL FLORES
MOTHER: MARIA [REDACTED]

BIRTH DATE: [REDACTED]
BIRTHPLACE: APATZINGAN MEXICO

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

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PAULO COUTINHO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 25, 2024

OCCUPATION: HOMEMAKER
INDUSTRY: HOME/PRIVATE HOUSEHOLD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

INFORMANT: PAULO COUTINHO
RELATIONSHIP: HUSBAND
ADDRESS: 150 N SECTION STREET, BURLINGTON, WA, 98233

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

CAUSE OF DEATH:
A: UTERINE BLEEDING
INTERVAL: 4 DAYS
B: END-STAGE RENAL DISEASE ON PERITONEAL DIALYSIS
INTERVAL: 2 YEARS
C: GLIOBLASTOMA
INTERVAL: 3 MONTHS
D:
INTERVAL:

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: NOT PREGNANT WITHIN THE PAST YEAR

OTHER CONDITIONS CONTRIBUTING TO DEATH: MALNUTRITION, HERPES ZOSTER.

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

CERTIFIER NAME: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 23, 2024

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 23, 2024



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 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: First Middle Last			2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth 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 <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: PO 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 forgoing 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:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Record
- 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

- 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.
- *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.

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.

Death Certificates

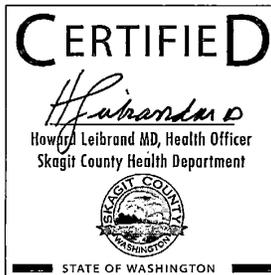
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



0 6 7 8 4 2 3 0

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): P62486

Land situated in the City of Burlington in the County of Skagit in the State of WA

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON, AND IS DESCRIBED AS FOLLOWS:

THAT PORTION OF TRACT 35, "PLAT OF THE BURLINGTON ACREAGE PROPERTY", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF THE INTERSECTION OF SECTION STREET AND EAST FAIRHAVEN AVENUE IN SAID TRACT 35 OF BURLINGTON ACREAGE PROPERTY, THENCE NORTH ALONG THE EAST LINE OF SAID SECTION STREET, A DISTANCE OF 110 FEET TO THE TRUE POINT OF BEGINNING OF THIS DESCRIPTION;

THENCE CONTINUE NORTH ALONG THE EAST LINE OF SAID SECTION STREET, A DISTANCE OF 100 FEET, THENCE EAST 75 FEET; THENCE SOUTH PARALLEL WITH SECTION STREET, A DISTANCE OF 100 FEET, THENCE WEST TO THE TRUE POINT OF BEGINNING, EXCEPT THEREFROM, THE FOLLOWING:

BEGINNING AT THE NORTHEAST CORNER OF THE INTERSECTION OF SECTION STREET AND EAST FAIRHAVEN AVENUE IN SAID TRACT 35;

THENCE NORTH ALONG THE EAST LINE OF SAID SECTION STREET, A DISTANCE OF 165 FEET TO THE TRUE POINT OF BEGINNING;

THENCE CONTINUE NORTH ALONG THE EAST LINE OF SAID SECTION STREET, A DISTANCE OF 45 FEET; THENCE EAST 75 FEET,

THENCE SOUTH PARALLEL WITH SECTION STREET, A DISTANCE OF 45 FEET, THENCE WEST TO THE TRUE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL ID: P62486 AND 3867-000-035-1508

Commonly known as: 150 N Section St, Burlington, WA 98233-2125

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES.