

After recording, return to:

Jennifer Fitzgerald

Estate of Joanne Campbell

PO Box 805

Burlington Wa 98233

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/17/2025Grantor (Name of Decedent): Joanne CampbellGrantee (Heirs): Jennifer M. Fitzgerald & John E. Genoud

Abbreviated Legal Description: UNIT 76, THIRD AMENDMENT TO THE CEDARS, A CONDO

Tax Parcel No.(s): P116276 / 4739-000-076-0000

Chicago Title
620058216**INHERITANCE LACK OF PROBATE AFFIDAVIT****(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**STATE OF waCOUNTY OF SkagitThe undersigned, Jennifer Fitzgerald, executes this affidavit relating to the estate of Joanne Campbell (herein "Decedent"), who died on January 19, 2025 in the County of Skagit, State of wa, then being a resident of the City of Burlington, County of Skagit, State of wa.**(A copy of the death certificate is attached hereto.)**

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

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☐ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☒ Surviving child of the Decedent
- ☐ One (1) 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:) _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
 [Use the reverse side or attach a list if necessary]

Name and relationship: Jennifer M. Fitzgerald daughter
 Name and relationship: John E Genoud son
 Name and relationship: _____
 Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Jennifer M. Fitzgerald
 Signature

Jennifer M. Fitzgerald
 Print Name

State of Wa
 County of Skagit

This record was acknowledged before me on 3/28/2025 by

Jennifer M. Fitzgerald

Marina T Ball

(Signature of notary public)

Notary Public in and for the State of Washington

My commission expires: 4-16-2025



INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
 [Use the reverse side or attach a list if necessary]

Name and relationship: JENNIFER M. Fitzgerald daughter

Name and relationship: John E Gerdup son

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. Status of the Will (if any)

- ☒ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

John E Gerdup
 Signature

John E GERDUP
 Print Name

State of Washington
 County of SKAGIT

This record was acknowledged before me on 4-9-2025 by

John E. Gerdup

Lorrie J Thompson
 (Signature of notary public)

Notary Public in and for the State of Washington
 My commission expires: 6-1-2028

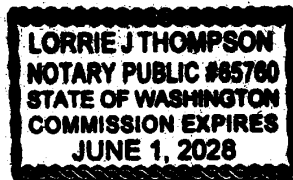


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P116276 / 4739-000-076-0000

UNIT 76, THIRD AMENDMENT TO THE CEDARS, A CONDOMINIUM, ACCORDING TO AMENDED DECLARATION THEREOF RECORDED UNDER AUDITOR'S FILE NO. 199909170116 AND AMENDED SURVEY MAP AND PLANS THEREOF RECORDED UNDER AUDITOR'S FILE NO. 200008240077, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 5, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-003043

DATE ISSUED: 01/23/2025

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): JOANNE MARIE
LAST NAME(S): CLANCY-CAMPBELL

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 19, 2025

HOUR OF DEATH: 11:30 AM

SEX: FEMALE AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTH PLACE: SALEM, OR

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BUSINESS OWNER

INDUSTRY: SKI SCHOOL

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: JENNIFER M FITZGERALD

RELATIONSHIP: DAUGHTER

ADDRESS: 23527 WHITING STREET CLEAR LAKE, WA 98235

CAUSE OF DEATH:

A: IDIOPATHIC PARKINSON'S DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC CANCER OF
UNKNOWN PRIMARY SOURCE

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 1061 SINCLAIR WAY

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1061 SINCLAIR WAY

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: JOHN AUGUST PROPP

MOTHER: OTHAL ETT [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: JANUARY 25, 2025

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

ADDRESS: 118 WEST STUART RD

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

FUNERAL DIRECTOR: LORI B. BANES

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 APPLICABLE

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JANUARY 20, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: JANUARY 23, 2025

202504170031



Affidavit for Correction

04/17/2025 11:28 AM Page 1 of 8
 Mailed to: 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				
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 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:

- 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

- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgement 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.

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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Amy Harley, Health Officer.

Amy Harley

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



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