

Return Address:

Stewart Title  
2820 Oakes Ave, Ste A  
Everett, WA 98201

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 04/24/2025

GNW 25-23082

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Gregory J Griffith, being first duly sworn  
*Name of Affiant*

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is husband  
*Relationship to decedent*

of Joy Griffith who died on 09/24/2007  
*Decedent/Grantor* *Date*

at Mount Vernon Skagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO AFFIDAVIT:** (List all Properties)

Abbreviated Legal Descriptions: 1207 S 13th ST, Mount Vernon 98274

Section 29, Township 34 North, Range 4 East - NE NW

Assessor's Property Tax Parcel/Account Numbers: (List All)  
P28291

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
(See attached copy) or

Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
State of Washington as Superior Court Cause No. \_\_\_\_\_.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Gregory J Griffith	Husband		
Full name, age and relationship			
1522 NE 175th St #210	Shoreline	WA	98155
Address City State Zip			
Jason Griffith, Son			
Full name, age and relationship			
1529 NE 148th ST	Shoreline	WA	98155
Address City State Zip			
Dennis Hudspeth, Brother			
Full name, age and relationship			
Unknown			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			

(Attach more sheets if necessary)

Authentisign ID: DF137273-471E-F011-8B3D-00224822F75A

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 0 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never (X) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Authenticated: Gregory J Griffith Gregory J Griffith 04/20/25 4-22-25  
Dated: \_\_\_\_\_

Gregory J Griffith  
Affiant's full name Telephone number  
1522 NE 175th St #210 Shoreline WA 98155  
Street City State Zip Code

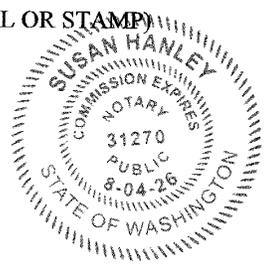
State of wa County of king

I know or have satisfactory evidence that Gregory J. Griffith  
(Name of Person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: April 22, 2025 \_\_\_\_\_  
Signature of Notary Public

(SEAL OR STAMP) Residing at Kenmore



Notary Public in and for the State of WA

My appointment expires: April 26, 2025  
(Based on REV 84 0017 (1/3/17))

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

That portion of the Northeast 1/4 of the Northwest 1/4 of Section 29, Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point 244 feet South and 10 feet East of the Southeast corner of Block 22, "MAP OF MILLETT'S ADDITION TO MT. VERNON, SKAGIT COUNTY, WASHINGTON" according to the plat thereof recorded in Volume 2 of Plats, page 63, records of Skagit County, Washington; thence West 113 feet; thence South 51 feet; thence East 113 feet; thence North 51 feet to the point of beginning.

Situated in the County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death. Local File Number 749-09. State File Number. Legal Name Joy Lynn GRIFFITH. Death Date Sep. 24, 2007. Sex Female, Age 57 Years. Birthdate Everett, WA. Decedent's Education High School graduate. Cause of Death Ligature Hanging. Certifier Daniel F. Dempsey, RN, D-ABMDI.

Part 1 completed by Funeral Director

Part 2 completed by Certifier





Affidavit for Correction

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

STATE OFFICE USE ONLY

Form fields for State Office Use Only including Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, and various checkboxes for relationships and roles.

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:

Table with 2 columns: The record currently shows: and The true fact is: with rows 8, 10, 12 and 9, 11, 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature, Printed name, Date; 14b. Signature of 2nd parent (if required), 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, 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

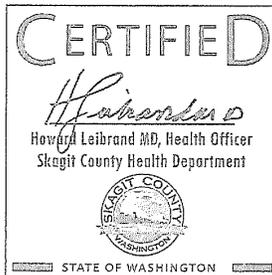
- If legal guardian(s), include certified court order proving guardianship.
Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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.



0 7 1 8 7 5 6 3

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