



202505300031

05/30/2025 10:19 AM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

AFTER RECORDING RETURN TO:  
Gilbert & Gilbert Lawyers, Inc., P.S.  
314 Pine St., Suite 211  
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 1643  
MAY 30 2025

Amount Paid \$-  
Skagit Co. Treasurer  
By Deputy

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**AFFIDAVIT: LACK OF PROBATE**

**GRANTOR:** GARY GRIFFITH (also known as Gary Lee Griffith), deceased.

**GRANTEE:** KAREN GRIFFITH, surviving spouse

**ASSESSOR'S PROPERTY TAX**

**PARCEL OR ACCOUNT NOS.** P41380 / 350617-0-061-0000

**ABBREV LEGAL:** Portion of SW  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Sec. 17, T35N, R6E, W.M.

**FULL LEGAL ON PAGE** 3

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KAREN GRIFFITH, being first duly sworn upon oath, deposes and says:

1. Status. I am the Surviving Spouse of Gary Griffith, who died on April 24, 2002. I am a resident of Lyman, Skagit County, Washington. A certified copy of his Death Certificate is attached to this Affidavit.
2. Real Property. Decedent, Gary Griffith, left a community interest in real property described in this Affidavit. Gary Griffith and Karen Griffith were husband and wife, took title to the property as husband and wife, and as such the property is community in nature, belonging to the surviving spouse, Karen Griffith, as the sole and rightful owner under RCW 11.04.015(1)(a). Said real property situated in the County of Skagit and State of Washington is fully described on "Exhibit A" attached hereto and incorporated herein by this reference as if fully set forth.
3. Decedent's Will & Probate. No valid Last Will and Testament has been found and no probate administration was required.
4. Decedents' Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Gary Griffith, and the liabilities and other obligations of the marital community, have been paid in full.

5. Federal Estate Tax. The Decedent's estate was not liable for Federal Estate Tax.
6. Washington Assistance. The Decedent was not liable for repayment for subsistence or medical care to the state of Washington.
7. Purpose of Affidavit. This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of, Pasqualeno S. Talluto, his heirs, creditors, and the taxing authorities.

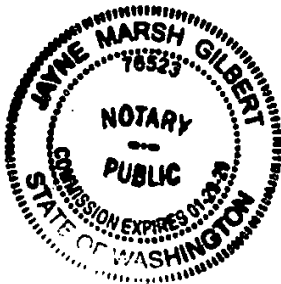
DATED this 27 day of May, 2025.

By: Karen Griffith  
KAREN GRIFFITH, Surviving Spouse  
of GARY GRIFFITH (a/k/a Gary Lee Griffith)

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me KAREN GRIFFITH, to me known to be the Surviving Spouse of GARY GRIFFITH (a/k/a Gary Lee Griffith), deceased, the individual described in and who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this 27th day of May, 2025.



Jayne Marsh Gilbert  
NOTARY PUBLIC in and for the state of Washington  
Residing at: Burlington, WA  
My commission expires: 1-29-29

**EXHIBIT A**  
**Legal Description**

The North 1/2 of that portion of the Southwest 1/4 of the Northeast 1/4 of Section 17, Township 35 North, Range 6 East, W. M., described as follows:

Beginning at a point 156 feet North of the Northeast corner of Block "B", "THE TOWN OF LYMAN, W.T.", as per Plat recorded in Volume 1 of Plats, page 8, records of Skagit County, Washington, said point being on the West line of Main Street;  
thence West 110 feet;  
thence North 43 feet;  
thence East 110 feet;  
thence South 43 feet to the point of beginning.

That portion of the Southwest 1/4 of the Northeast 1/4 of Section 17, Township 35 North, Range 6 East, W. M., described as follows:

Beginning at a point 199 feet North of the Northeast corner of Block "B", "THE TOWN OF LYMAN, W.T.", as per Plat recorded in Volume 1 of Plats, page 8, records of Skagit County, Washington;  
thence North 45 feet;  
thence West 110 feet;  
thence South 45 feet;  
thence East 110 feet to the point of beginning.

That portion of the Southwest 1/4 of the Northeast 1/4 of Section 17, Township 35 North, Range 6 East, W. M., described as follows:

Beginning at a point on the West side of the county road 244 feet North of the Northeast corner of Block "B", "THE TOWN OF LYMAN, W. T.", as per Plat recorded in Volume 1 of Plats, page 8, records of Skagit County, Washington;  
thence West 110 feet;  
thence North 43 feet;  
thence East 110 feet;  
thence South 43 feet to the point of beginning.

Situate in the Town of Lyman, County of Skagit, State of Washington.

Commonly known as 8384 South Main Street, Lyman, Washington 98263



## Right to Manage Natural Resource Lands Disclosure

Skagit County's policy is to enhance and encourage Natural Resource Land management by providing County residents notification of the County's recognition and support of the right to manage Natural Resource Lands, e.g., farm and forest lands.

Skagit County Code 14.38.030(2) requires, in specified circumstances, recording of the following disclosure in conjunction with the deed conveying the real property:

This disclosure applies to parcels designated or within 1 mile of designated agricultural land or designated or within 1/4 mile of rural resource, forest or mineral resource lands of long-term commercial significance in Skagit County.

A variety of Natural Resource Land commercial activities occur or may occur in the area that may not be compatible with non-resource uses and may be inconvenient or cause discomfort to area residents. This may arise from the use of chemicals; or from spraying, pruning, harvesting or mineral extraction with associated activities, which occasionally generates traffic, dust, smoke, noise, and odor. Skagit County has established natural resource management operations as a priority use on designated Natural Resource Lands, and area residents should be prepared to accept such incompatibilities, inconveniences or discomfort from normal, necessary Natural Resource Land operations when performed in compliance with Best Management Practices and local, State, and Federal law.

In the case of mineral lands, application might be made for mining-related activities including extraction, washing, crushing, stockpiling, blasting, transporting and recycling of minerals. If you are adjacent to designated NR Lands, you will have setback requirements from designated NR Lands.

Washington State Law at RCW 7.48.305 also establishes that:

...agricultural activities conducted on farmland and forest practices, if consistent with good agricultural and forest practices and established prior to surrounding nonagricultural and nonforestry activities, are presumed to be reasonable and shall not be found to constitute a nuisance unless the activity or practice has a substantial adverse effect on public health and safety. ...An agricultural activity that is in conformity with such laws and rules shall not be restricted as to the hours of the day or day or days of the week during which it may be conducted.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTHNo Health  
CERTIFICATE OF DEATH298-02  
LOCAL FILE NUMBER146  
STATE FILE NUMBER

1. NAME First Middle Last <b>GARY LEE GRIFFITH</b>		2. SEX (M / F) <b>Male</b>	3. DEATH DATE (Mo, Day, Yr) <b>April 24, 2002</b>
4. AGE LAST BIRTHDAY (Yrs) <b>61</b>	5. UNDER 1 YEAR MOS DAYS HOURS MINS <b>0</b>	6. BIRTHDATE (Mo, Day, Yr) <b>0</b>	7. BIRTHPLACE (City, State or Foreign Country) <b>Bellingham</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		9. COUNTY OF DEATH <b>Skagit</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input checked="" type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <b>Skagit Valley Hospital</b>	
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>	
15. SURVIVING SPOUSE (If wife, give maiden name) <b>Karen Reed</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) <b>1</b>		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Owner/Bartender</b>	
19. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	
21. RACE (Specify) <b>Caucasian</b>		22. RESIDENCE — NUMBER AND STREET <b>8384 So. Main Street</b>	
23. CITY/TOWN OR LOCATION <b>Lyman</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>	
25A. COUNTY <b>Skagit</b>		25B. LENGTH OF RES. IN CO. <b>15 yrs</b>	
26. STATE <b>WA</b>		27. ZIP CODE <b>98263</b>	
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Marvin Griffith</b>		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Irene M. [REDACTED]</b>	
30. INFORMANT — NAME <b>Karen Griffith</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>P.O. Box 248 Lyman WA 98263</b>	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>Apr 25, 2002</b>	
34. CEMETERY/CREMATORY — NAME <b>Mount Vernon Crematory</b>		35. LOCATION — CITY/TOWN, STATE <b>Mount Vernon, Washington</b>	
36. FUNERAL DIRECTOR SIGNATURE <b>x Richard Lemley</b>		37. NAME OF FACILITY <b>Lemley Chapel</b>	
38. ADDRESS OF FACILITY <b>1008 Third St. Sedro-Woolley, WA 98284</b>		39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>x Wayne Martin M.D.</b>	
40. DATE SIGNED (Mo, Day, Yr) <b>4-24-02</b>		41. HOUR OF DEATH (24 Hrs) <b>0120</b>	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Wayne Martin, M.D.</b>		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>x [REDACTED]</b>	
44. DATE SIGNED (Mo, Day, Yr) <b>4-24-02</b>		45. HOUR OF DEATH (24 Hrs) <b>0120</b>	
46. PRONOUNCED DEAD (Mo, Day, Yr) <b>4-24-02</b>		47. HOUR PRONOUNCED DEAD (24 Hrs) <b>0120</b>	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Wayne Martin, M.D. 1030 Fairhaven, Burlington, WA 98233</b>		49. ME/CORONER FILE NUMBER <b>98233</b>	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>METASTATIC NON-SMALL CELL LUNG CANCER</b> DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. DUE TO, OR AS A CONSEQUENCE OF: <b>SEVERAL MONTHS</b> DUE TO, OR AS A CONSEQUENCE OF: <b>INTERVAL BETWEEN ONSET AND DEATH</b> DUE TO, OR AS A CONSEQUENCE OF: <b>INTERVAL BETWEEN ONSET AND DEATH</b> DUE TO, OR AS A CONSEQUENCE OF: <b>INTERVAL BETWEEN ONSET AND DEATH</b>			
61. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>THROMBOCYTOPENIA ANEMIA</b>		52. AUTOPSY? (Yes / No) <b>No</b>	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>		54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) <b>No</b>	
55. INJURY DATE (Mo, Day, Yr) <b>No</b>		56. HOUR OF INJURY (24 Hrs) <b>No</b>	
57. DESCRIBE HOW INJURY OCCURRED: <b>No</b>		58. INJURY AT WORK? (Yes / No) <b>No</b>	
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify) <b>No</b>		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE <b>No</b>	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE <b>x Dorothy Epps, deputy</b>		62. REGISTRAR SIGNATURE <b>x Dorothy Epps, deputy</b>	
63. DATE RECEIVED (Mo, Day, Yr) <b>APR 25 2002</b>		64. [REDACTED]	



USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1 STATE FILE NUMBER	for
2. NAME			3 DATE OF EVENT	4 PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6 MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8	
9.			10.	
11			12.	
13			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16 SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**Birth Certificates**

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
 

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

**Death Certificates**

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
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 fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.


Please send the proof(s) and this form/certificate to:

Attn: Corrections  
 Center for Health Statistics  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

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

\*CERTIFIED\*

APR 25 2002

  
 Skagit County Health Department  
 Howard Leibrand M.D., Health Officer

JJ00089287