

After recording, return to:

Martha Owens
131 Eliot St. #302
Milton, MA 02186

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/25/2025

Grantor (Name of Decedent): Gary L. Owens

Grantee (Heirs): Martha L. Owens

Abbreviated Legal Description: PTN. SW 1/4, SEC. 12-35-10E, W.M.

Chicago Title
620059197

Tax Parcel No.(s): P45146 / 351012-0-043-0002

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

STATE OF Washington

COUNTY OF Skagit

The undersigned, Martha L. Owens, executes this affidavit relating to the estate of Gary L. Owens (herein "Decedent"), who died on 9/10/2022, in the County of King, State of Washington, then being a resident of the City of Kent, County of King, State of Washington.

(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
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(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: Martha L. Owens, Spouse
Name and relationship: _____
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.

Martha L. Owens
Signature

Martha L. Owens
Print Name

State of Washington
County of SKagit

This record was acknowledged before me on 6-20-2025 by Martha L. Owens

Lorrie J Thompson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 6-1-2028

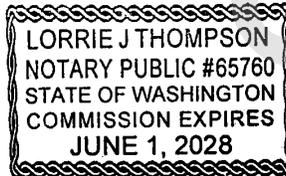


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P45146 / 351012-0-043-0002

THAT PORTION OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 12,
TOWNSHIP 35 NORTH, RANGE 10 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE WEST LINE OF THE BACKUS RANGER STATION ROAD,
RUNNING ALONG THE EAST LINE OF SAID SUBDIVISION, 753 FEET SOUTH OF ITS
INTERSECTION WITH THE EASTERLY LINE OF THE CITY OF SEATTLE RAILWAY RIGHT OF
WAY AS CONDEMNED IN SKAGIT COUNTY SUPERIOR COURT CAUSE NO. 9510;
THENCE NORTH ALONG SAID ROAD A DISTANCE OF 100 FEET;
THENCE WEST TO THE EASTERLY LINE OF SAID CITY OF SEATTLE RAILROAD RIGHT OF
WAY;
THENCE SOUTH ALONG SAID EASTERLY LINE TO A POINT WEST OF THE POINT OF
BEGINNING;
THENCE EAST TO THE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-046713

DATE ISSUED: 09/14/2022

FEE NUMBER: 091422

FIRST AND MIDDLE NAME(S): GARY LEE
LAST NAME(S): OWENS

COUNTY OF DEATH: KING
DATE OF DEATH: SEPTEMBER 10, 2022
HOUR OF DEATH: 03:53 PM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - ISSAQUAH
CITY, STATE, ZIP: ISSAQUAH, WASHINGTON 98029

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

RESIDENCE STREET: 29737 216TH PL SE
CITY, STATE, ZIP: KENT, WA 98042
INSIDE CITY LIMITS: NO COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: CHARLES WADE OWENS
MOTHER: BETTY ZANE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARTHA LAWRENCE BRIGGS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FLINTOFT'S ISSAQUAH CREMATORY

OCCUPATION: DEPUTY FIRE MARSHALL
INDUSTRY: FIRE DEPARTMENT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: ISSAQUAH, WASHINGTON
DISPOSITION DATE: SEPTEMBER 16, 2022

INFORMANT: MARTHA L OWENS
RELATIONSHIP: SPOUSE
ADDRESS: 29737 216TH PL SE, KENT, WA 98042

FUNERAL FACILITY: FLINTOFT'S FUNERAL HOME AND CREMATORY

ADDRESS: 540 E SUNSET WAY
CITY, STATE, ZIP: ISSAQUAH, WASHINGTON 98027
FUNERAL DIRECTOR: ELIZABETH BATY

CAUSE OF DEATH:
A: ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: DAYS
B: BLAST CRISIS
INTERVAL: DAYS
C: ACUTE MYELOID LEUKEMIA
INTERVAL: YEARS
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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

CERTIFIER NAME: REVATI V. NEMANI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 747 BROADWAY
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122
DATE SIGNED: SEPTEMBER 12, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: SEPTEMBER 13, 2022

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

		Affidavit for Correction		Mail 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						
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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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:						
<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. 						
Adult (18 years or older)						
<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.						



CERTIFIED
 Kittitas Co. Public Health

SEP 14 2022


 Dr. Mark W. Larson, M.D.
 Health Officer



0 5 3 1 2 6 7 0

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