202508220127
08/22/2025 03:42 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Kaylee Oudman
Affidavit No. 20252738
Date 08/22/2025

LACK OF PROBATE AFFIDAVIT

GRANTOR:	CLAUDIA M. MORRIS
GRANTEE:	LARRY A. MORRIS
PARCEL NUMBER:	P64157
LEGAL DESCRIPTION:	Lot 91 of Cedargrove on the Skagit, Map Book 9, Map Page 48 **(Additional legal found on page 3)**
REFERENCE NUMBERS:	200212160248 (Title Elimination) 200211150093 (Deed)

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

I, LARRY A. MORRIS ("Affiant"), being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of CLAUDIA M. MORRIS("Decedent"), who died intestate on March 8, 2025, in Mount Vernon, Skagit County, Washington, and was at the time of their death a resident of Concrete, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

THAT the Decedent and I were married on July 22, 1995.

THAT two (2) children were born by the Decedent, namely, all of whom are adults. THAT the Decedent has no children who are now deceased leaving issue surviving nor had they adopted any children.

ELDERLAW
MEYERS, NEUBECK & HULFORD
2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

THAT the Decedent never executed a Last Will and Testament; however, their entire estate, including real property interests, passed to Affiant, pursuant to intestate succession laws, RCW 11.04.015(1)(a).

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

LARRY A. MORRIS, age 85, Surviving Spouse
46263 Baker Loop
Concrete, Washington

THAT all obligations, expenses of last illness and funeral and burial services owing at the date of death of the Decedent have been paid in full or provided for, and all future and currently unknown expenses connected therewith shall be provided for by the Affiant.

THAT Washington State provided the Decedent with nursing facility services, home and community-based services, related hospital and prescription drug services, and/or other needs-based benefits, but there is no lien against the property.

THAT no inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

THAT probate of the Estate of the Decedent has not been instituted nor contemplated.

THAT all of the real property owned by the Decedent at the time of their death, or in which they had an interest was community property, was situated in Concrete, Skagit County, Washington, and is legally described as follows:

LOT 91, "CEDARGROVE ON THE SKAGIT", ACCORDING TO THE PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 48 TO 51, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to LARRY A. MORRIS in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(h).

ELDERLAW
MEYERS, NEUBECK & HULFORD
2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

Dated August 21, 2025.

LARRY A. MORRIS

SUBSCRIBED AND SWORN to before me, by LARRY A. MORRIS, on August 21, 2025.

DARELENA DH CHAFE
NOTARY PUBLIC
COMMISSION EXPIRES
173415
7-23-26
STATE OF WASHINGTON

DARELENA DH CHAFE
Notary Public in and for the
State of Washington
Residing in Burlington
My commission expires: 07/23/2026

ELDERLAW
MEYERS, NEUBECK & HULFORD
2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2025-012309**

DATE ISSUED: **03/12/2025**
FEE NUMBER: **37**

FIRST AND MIDDLE NAME(S): **CLAUDIA MARGUERITE**
LAST NAME(S): **MORRIS**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MARCH 08, 2025**
HOUR OF DEATH: **09:10 AM**
SEX: **FEMALE** AGE: **79 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **GREENVILLE, MI**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **LARRY ALMOND MORRIS**

OCCUPATION: **HOMEMAKER**
INDUSTRY: **DOMESTIC**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

INFORMANT: **LARRY ALMOND MORRIS**
RELATIONSHIP: **SPOUSE**
ADDRESS: **46263 BAKER LOOP ROAD CONCRETE, WA 98237**

CAUSE OF DEATH:
A: **KIDNEY FAILURE**
INTERVAL: **3 YEARS**
B: **ANOREXIA**
INTERVAL: **1 YEARS**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **NURSING HOME/LONG TERM CARE FACILITY**
FACILITY OR ADDRESS: **300 SOUTH 18TH STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **46263 BAKER LOOP ROAD**
CITY, STATE, ZIP: **CONCRETE, WA 98237**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **23 YEARS**

FATHER: **ALBERT KERNS**
MOTHER: **MILDRED** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **SEATTLE SERVICE GROUP CREMATORY**

CITY, STATE: **SEATTLE, WASHINGTON**
DISPOSITION DATE: **MARCH 13, 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: **UNKNOWN**
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: **RHONDA JOHANNSEN, ARNP**
TITLE: **ARNP**
CERTIFIER ADDRESS: **2219 RIMLAND DR. STE. 301**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98226**
DATE SIGNED: **MARCH 10, 2025**

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

LOCAL DEPUTY REGISTRAR: **CHRISTIAN STECHER**
DATE RECEIVED: **MARCH 11, 2025**

DOH 422-132 (8/18)

202508220127

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Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

Required

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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 2nd 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.

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.

*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.

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

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