

WHEN RECORDED RETURN TO:

Limitless Law, PLLC
1313 E. Maple St. Ste. 400
Bellingham, WA 98225

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20253232
Date 10/01/2025

LACK OF PROBATE AFFIDAVIT

Document Title: Lack of Probate Affidavit

Grantor: Estate of Robert James Crawford

Grantee: Roberta Crawford

Abbreviated Legal: Lot 20, Plat of Brown and McMillen Div. No. 2

Tax Parcel ID#: 4559-000-020-0009 // PID 99916

I, **ROBERTA CRAWFORD**, having first been duly sworn, on oath, depose and say that:

1. I am the surviving spouse of **ROBERT JAMES CRAWFORD**, who died on June 13, 2024, then a resident of Skagit County, Washington. A copy of his Death Certificate is attached to this Affidavit as Exhibit A.

2. Decedent left a community interest in the real property located at 20154 Gina Marie Ln., Burlington, WA 98233, which is legally as follows:

Lot 20, PLAT OF BROWN AND MCMILLEN DIV. NO. 2, according to the plat thereof, recorded in Volume 14 of Plats, pages 184 and 185, records of Skagit County, Washington

Situated in Skagit County, Washington.

3. Decedent died intestate and no probate has been filed.

4. I know and so state that each and all of the obligations against the estate of the decedent, ROBERT JAMES CRAWFORD, including but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal taxes upon decedent's estate, if applicable, have been paid in full or are current.

5. This affidavit is made to induce Chicago Title, or another title insurance company, to insure title to the real property legally described herein, in which decedent held an interest at the time of his death. I urge Chicago Title to issue its policy of title insurance in full reliance upon the herein representations.

DATED: October 1, 2025

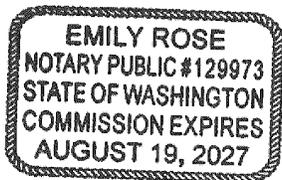
Roberta Crawford

ROBERTA CRAWFORD

STATE OF WASHINGTON)
SS.
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that **ROBERTA CRAWFORD** is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 1st day of October.



Emily Rose

Emily Rose
Notary Public in and for the State of Washington
My appointment expires: August 19, 2027.

**EXHIBIT A
DEATH CERTIFICATE**

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-029329

DATE ISSUED: 06/20/2024
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): ROBERT JAMES
LAST NAME(S): CRAWFORD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 13, 2024
HOUR OF DEATH: 07:20 AM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 20154 GINA MARIE LN
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233-5207

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

RESIDENCE STREET: 20154 GINA MARIE LN
CITY, STATE, ZIP: BURLINGTON, WA 98233-5207
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: DECATUR, IL

FATHER: ROBERT CRAWFORD
MOTHER: WANDA [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ROBERTA DEE BROWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

OCCUPATION: WOODWORKING
INDUSTRY: TRADES
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: JUNE 21, 2024

INFORMANT: ROBERTA DEE CRAWFORD
RELATIONSHIP: SPOUSE
ADDRESS: 20154 GINA MARIE LANE BURLINGTON WA 98233

FUNERAL FACILITY: JERNS FUNERAL CHAPEL
ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JAKE WAGGONER

CAUSE OF DEATH:
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: MANY YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NON-ISCHEMIC
CARDIOMYOPATHY, OBSTRUCTIVE SLEEP APNEA

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

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

CERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 15, 2024

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: CHRISTIAN STECHER
DATE RECEIVED: JUNE 20, 2024



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	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 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 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 Numidert 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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 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)

- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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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