

After recording, return to:
Myrna Woodruff
7133 Miller Road
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 10/15/2025

Grantor (Name of Decedent): Dale L Woodruff
Grantee (Heirs): Myrna Rae Woodruff
Abbreviated Legal Description: Ptn. NE NW, 10-35-8E, W.M. aka Ptn Lots 1, 2 and 3, Blk 3, Unrecorded Melville's Superior Adn.
Tax Parcel No.(s): P43647 / 350810-0-029-0006 Chicago Title 620060184

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, Myrna Rae Woodruff, executes this affidavit relating to the estate of Dale L Woodruff (herein "Decedent"), who died on Sept 09 2025 in the County of Whatcom, State of Wa, then being a resident of the City of Anacortes, County of Skatgit, State of WA.

(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.

INHERITANCE LACK OF PROBATE AFFIDAVIT
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(continued)

other (identify:)

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: myrna woodruff spouse myrna woodruff, 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.

Signed by:

MYRNA WOODRUFF

231064EG100E403

Signature

Myrna Woodruff

MYRNA WOODRUFF

Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 10/10/2025 by Myrna Woodruff

Jana K Quinn
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 06/29/2027

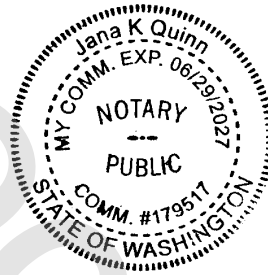


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P43647 / 350810-0-029-0006

That portion of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 10, Township 35 North, Range 8 East, W.M., described as follows:

Beginning at a point 549.5 feet East and 30 feet North of the Southwest corner of said Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$;
thence North 100 feet;
thence East 50 feet;
thence South 100 feet;
thence West 50 feet to the point of beginning

(Being known as the West $\frac{1}{2}$ of Lots 1 and 2 of the West $\frac{1}{2}$ of the South $\frac{1}{2}$ of Lot 3, Block 3, Melville's Superior Addition to Concrete, according to the unrecorded plat thereof).

TOGETHER WITH the East 10 feet of Seidel Street as vacated in Town of Concrete Ordinance #235.

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-045134

DATE ISSUED: 09/16/2025
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DALE LEROY
LAST NAME(S): WOODRUFF

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: SEPTEMBER 09, 2025
HOUR OF DEATH: 10:55 PM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225-1898

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

RESIDENCE STREET: 7133 MILLER ROAD
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: ANACORTES, WASHINGTON

FATHER: WILLIAM FREDRICK WOODRUFF
MOTHER: THELMA H [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MYRNA RAE STRAND

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: DIESEL MECHANIC
INDUSTRY: MACHANIC
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 16, 2025

INFORMANT: MYRNA R WOODRUFF
RELATIONSHIP: WIFE
ADDRESS: 7133 MILLER ROAD, ANACORTES, WA 98221

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:
A: SEPTIC SHOCK
INTERVAL: DAYS
B: PYELONEPHRITIS
INTERVAL: DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LIVER FIBROSIS, POSSIBLE
PNEUMONIA, ACUTE KIDNEY INJURY ON CHRONIC KIDNEY DISEASE

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

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

CERTIFIER NAME: KELVIN LAM, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #140
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: SEPTEMBER 09, 2025

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN
DATE RECEIVED: SEPTEMBER 12, 2025

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



Affidavit for Correction

10/15/2025 11:41 AM Page 5 of 5

Washington State Department of 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
Record Type: Birth Death Marriage Dissolution (Divorce)
1. Name on Record: 2. Date of Event: 3. Place of Event:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
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 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.

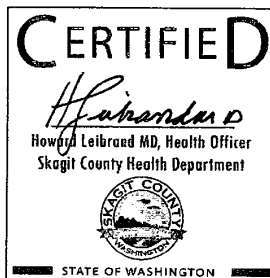
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- 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.



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



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