

When recorded return to:  
Skagit Law Group, PLLC  
P.O. Box 336  
Mount Vernon, WA 98273

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Kaylee Oudman  
Affidavit No. 20253686  
Date 11/12/2025

**AFFIDAVIT: LACK OF PROBATE**

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**GRANTOR:** CURTIS R. ADAMS, now deceased  
**GRANTEE:** CAROL HIGHET, surviving spouse  
**LEGAL DESCRIPTION:** PTN S ½ SW ¼ NW ¼, SEC 29 TWP 34 R 4 E W.M.  
**ASSESSOR'S PROPERTY TAX  
 PARCEL OR ACCOUNT NOS.** 340429-0-179-0008 / P28352  
**REFERENCE NOS. OF  
 DOCUMENTS ASSIGNED  
 OR RELEASED:** N/A

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**CAROL HIGHET**, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed in the section entitled Heirs at Law below, to the real property described below, and is the surviving spouse of **CURTIS R. ADAMS**, who died on July 20, 2023, at Burlington, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as Exhibit "A."

**Real Property Description**

The North 85 feet of the East 104 feet of that portion of the South ½ of the Southwest ¼ of the Northwest ¼ lying West of the West line of South Sixth Street in Section 29, Township 34 North, Range 4 East, W. M.

Situate in the County of Skagit, State of Washington.

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including but not limited to, those shown on Schedule "B-1" of Land Title Company's Preliminary Commitment No. 05-167289-OE.

**Status of Will**

No Will has been found.

**Heirs At Law**

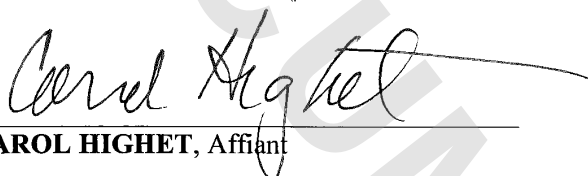
Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Carol G. Highet 1801 South 6 <sup>th</sup> Street Mount Vernon, WA 98273	Adult	Surviving Spouse

The Affiant states of her own knowledge that each of the obligations of the Estate of Curtis R. Adams, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, income tax, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant.

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 the said Decedent, his heirs, creditors, and the taxing authorities.

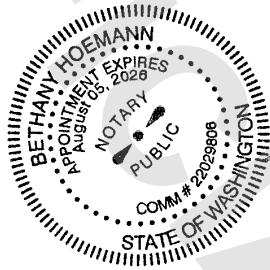
DATED this 11<sup>th</sup> day of December 2024.

  
 \_\_\_\_\_  
 CAROL HIGHET, Affiant

STATE OF WASHINGTON )  
 ) :ss  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that **CAROL HIGHET** 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 in the instrument.

Dated this 11<sup>th</sup> day of December 2024.



Printed Name BETHANY HOEMANN  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires August 5, 2026

Exhibit "A"  
Death Certificate

Exhibit "A"  
Death Certificate

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-035707

DATE ISSUED: 07/27/2023  
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): CURTIS RAYMOND  
LAST NAME(S): ADAMS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 20, 2023  
HOUR OF DEATH: 06:13 PM  
SEX: MALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER  
FACILITY OR ADDRESS: 1801 BOUSLOG ROAD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 1801 S 6TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-4929  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MARGATE UNITED KINGDOM

FATHER: ROBERT GLENN ADAMS  
MOTHER: IDA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CAROL GERMAINE DUFFY

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

OCCUPATION: CUSTOMS BROKER/IMPORT ANALYSIS  
INDUSTRY: IMPORT/EXPORT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: OAK HARBOR, WASHINGTON  
DISPOSITION DATE: JULY 28, 2023

INFORMANT: CAROL GERMAINE HIGHET  
RELATIONSHIP: SPOUSE  
ADDRESS: 1801 S 6TH ST, MOUNT VERNON, WA, 98273

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: SUMMER HARDMAN

CAUSE OF DEATH:  
A: MULTIPLE BLUNT IMPACT INJURIES  
INTERVAL: SECONDS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: ACCIDENT  
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

DATE OF INJURY: JULY 20, 2023  
HOUR OF INJURY: 05:47 PM PRESUMED  
INJURY AT WORK: NO  
PLACE OF INJURY: HIGHWAY/ROAD

CERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JULY 23, 2023

LOCATION OF INJURY: 1801 BOUSLOG ROAD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: RESTRAINED DRIVER AND SOLE  
OCCUPANT INVOLVED IN A SINGLE VEHICLE COLLISION.

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 230721-43  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: DRIVER/OPERATOR

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: JULY 25, 2023



# Affidavit for Correction

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: 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  Self  Guardian  Informant  Hospital  
 Person on Record:  Parent(s)  Funeral Director  Other (specify) \_\_\_\_\_

7. Return Mailing Address: P.O. Box 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: Date: Printed name:  
 14b. Signature of 2<sup>nd</sup> parent (if required): Date: Printed name:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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 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**

- 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 Greg Thompson, Health Officer.



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



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