

After recording, return to:  
J. Mona Beach  
563 Walla Walla Way  
La Conner, WA 98257

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/18/2025

Grantor (Name of Decedent): William B. Beach  
Grantee (Heirs): Jacqueline Mona Beach  
Abbreviated Legal Description: Lt 2, BLKF, Cape Horn on the Skagit  
Tax Parcel No.(s): P63084 / 3868-006-002-0000

**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, Jacqueline Mona Beach, executes this affidavit relating to the estate of William B. Beach (herein "Decedent"), who died on October 16, 2007 in the County of Skagit, State of Washington, then being a resident of the City of La Conner, County of Skagit, 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**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(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: Jacqueline Mona Beach, 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

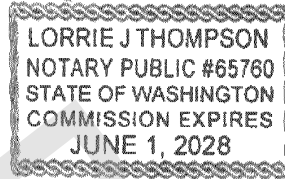
5. **Status of the Will (if any)**

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.

J. Mona Beach  
Signature  
Jacqueline Mona Beach  
Print Name



State of Washington  
County of Skagit

This record was acknowledged before me on 11-7-2025 by Jacqueline Mona Beach

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): P63084 / 3868-006-002-0000**

LOT 2, BLOCK F, "CAPE HORN ON THE SKAGIT", AS PER PLAT RECORDED IN VOLUME 8 OF  
PLATS, PAGES 92 THROUGH 97, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **844-07** Washington State Certificate of Death State File Number

1. Legal Name (include AKA if any) First Middle LAST Suffix **William Brown BRACH Jr.** 2. Death Date **Oct 16, 2007**

3. Sex (M/F) **M** 4a. Age - Last Birthday **86** 4b. Under 1 Year **Days** 4c. Under 1 Day **Hours Minutes** 5. [Redacted] 6. County of Death **Skagit**

7a. Birthplace (City, Town, or County) **Scranton** 7b. (State or Foreign Country) **Pennsylvania** 8. Decedent's Education **Medical Doctorate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify **No** 11. Decedent's Race(s) **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g. 624 SE 5<sup>th</sup> St.) (Include Apt. No.) **563 Walla Walla Way** 13b. City or Town **La Conner**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98257-** 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence **14 years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's Name (Give name prior to first marriage) **Jacqueline Mona Boyden**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) **Medical Doctor** 18. Kind of Business/Industry (Do not use Company Name) **Medical Industry**

19. Father's Name (First, Middle, Last, Suffix) **William Brown Beach Sr.** 20. Mother's Name Before First Marriage (First, Middle, Last) **Florence May**

21. Informant's Name **Jacqueline Mona Beach** 22. Relationship to Decedent **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **563 Walla Walla Way La Conner WA 98257-**

24. Place of Death: if Death Occurred in a Hospital **Inpatient** Place of Death: if Death Occurred Somewhere Other than a Hospital

25. Facility Name: (if not a facility, give number & street or location) **Skagit Valley Hospital** 26a. City, Town, or Location of Death **Mount Vernon** 26b. State **WA** 27. Zip Code **98274**

28. Method of Final Disposition (Name of cemetery, crematory, other place) **Cremation Northwest Crematory** 29. Location-City/Town, and State **Anacortes, WA**

31. Name and Complete Address of Funeral Facility **Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-** 32. Date of Disposition **Oct 19, 2007**

33. Funeral Director Signature *[Signature]*

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34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **a. Cardiac Arrest** Interval between Onset & Death

Intermittently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST

**b. Bowel Perforation, refused surgery** Interval between Onset & Death **3 Days**

**c. End Stage Renal Disease, refused dialysis** Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Manner of Death  Natural  Homicide  Accidental  Undetermined  Suicide  Pending

37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Did tobacco use contribute to death?  Yes  No  Probably  Unknown

39. If female  Not pregnant within past year  Pregnant at time of death  Not pregnant, but pregnant within 42 days before death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year

40. Injury at Work?  Yes  No  Unk

41. Date of Injury (MM/DD/YYYY) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Location of Injury Number & Street Apt No. City or Town County State Zip Code + 4

45. Describe how injury occurred

46. If transportation injury, specify  Driver/Operator  Pedestrian  Passenger  Other (Specify)

47a. Certifying Physician: (Physician, medical examiner, death investigator, physician, nurse, and other health care provider) **Assem Sherkawy** 47b. Medical Examiner/Coroner: (Physician, medical examiner, coroner, death investigator, physician, nurse, and other health care provider)

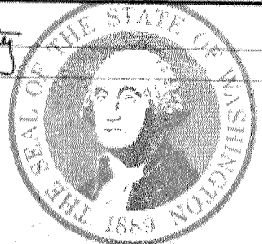
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Assem Sherkawy, M.D. 1400 E Kincaid Street, Mount Vernon, WA 98274** 49. Hour of Death (24hrs) **12:30 PM**

50. Name and Title of Attending Physician (if other than Certifier) (Type or Print) 51. Date Signed (MM/DD/YYYY) **10/18/2007**

52. Title of Certifier **MD** 53. License Number **MD00045330** 54. ME/Coroner File Number 55. Was case referred to ME/Coroner?  Yes  No

56. Registrar Signature *[Signature]* 57. Date Received (MM/DD/YYYY) **OCT 29 2007**

TO BE USED ONLY IN CONNECTION WITH A CLAIM PENDING BEFORE THE VETERAN'S ADMINISTRATION





Affidavit for Correction

Center for Health Statistics
P.O. Box 3708
Olympia, WA 98507-8708
(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

Use the section below for requesting any changes on the record.

Record Type: Birth, Death, Marriage, Dissolution

1. Name on record, 2. Date of Event, 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows: 7. The True fact is: 8, 9, 10, 11, 12, 13

14. I represent the person as: Self, Parent, Guardian, Informant, Telephone Number: Funeral Director, Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature, 16. Date, 17. Address

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Table with 2 columns: Examples of documentary proof, and categories: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

Birth Certificates:

- 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s).
3. Proof must be live (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. This affidavit cannot be used to add a father to a birth certificate.

Death Certificates:

- 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- 1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

\*CERTIFIED\*

OCT 29 2007

Edward Lebrand M.D., Health Officer

PP00201691