



202511260036

11/26/2025 12:15 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

Grantor (Name of Decedent): John F. Griffith

Grantee (Heirs): Ruthie J. Griffith

Abbreviated Legal Description(s):

NW Quarter, Section 32, Township 35, Range 03

Tax Parcel No. (s): P35234/350332-2-003-0001

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2025 3857  
NOV 26 2025  
Amount Paid \$ 0  
By Skagit Co. Treasurer Deputy  
UT

**INHERITANCE LACK OF PROBATE**

**(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

The undersigned affiant, RUTHIE J. GRIFFITH, being first duly sworn, executes this affidavit relating to the estate of JOHN F. GRIFFITH (herein "Decedent"), who died on February 17, 2023, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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 the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):
- (X) 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 \_\_\_\_\_.

**Names of All Heirs of the Decedent**

3. That all heirs at law of the decedent that were living at the time of decedent's death are listed below:

*"Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identified all heirs at law of the decedent:*

Ruthie J. Griffith

Age: 63

Relationship: wife

Address: 11363 Earle Drive, Mount Vernon, WA 98273

Michael J. Griffith

Age: 43

Relationship: son

Address: 11363 Earle Drive, Mount Vernon, WA 98273

Amanda M. Bartlett

Age: 42

Relationship: daughter

Address: 11344 Earle Drive, Mount Vernon, WA 98273

George H. Griffith

Age: 41

Relationship: son

Address: 11710 Pulver Road, Burlington, WA 98233

John Paul Griffith

Age: 38

Relationship: son

Address: 16618 E. Broadway Ave., Spokane Valley, WA 99037

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**Names of All Heirs of the Decedent, (continued)**

Danielle M. Harper  
Age: 36  
Relationship: daughter  
Address: 3815 Ridge Way, Mount Vernon, WA 98273

Ruthie Ann Griffith  
Age: 29  
Relationship: daughter  
Address: 45066 Cedar Street, Concrete WA 98237

**Description of the Property**

4. That the following real property was owned by the Decedent at the time of death, located in County of Skagit, State of Washington, and described as follows:

(1.0000 ac) (TITLE ELIMINATION AF#9910040120 FOR MANUFACTURED HOME 1990 FLEETWOOD BERKSHIRE 56X28 VIN#0RFLL48A11749BS) LOT 3 SHORT PLAT 54-89 AF#9001120016 WHICH IS IN A PORTION OF S1/2 NE1/4 SW1/4 NW1/4, SECTION 32, TOWNSHIP 35 NORTH, RANGE 3 EAST, W.M.

Assessor's Property Tax Parcel/Account Number: P35234/350332-2-003-0001  
Physical address: 11363 Earle Drive, Mount Vernon WA 98273

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

Decedent DID LEAVE A LAST WILL AND TESTAMENT which has not been probated or revoked. In addition, no probate is being filed, and no personal representative has been appointed for the estate. THAT affiant acknowledges, and so states, that each and all of the obligations against the estate of said decedent, if any, will be her responsibility to pay or provide for.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



DATE ISSUED: 02/21/2023  
FEE NUMBER:

CERTIFICATE NUMBER: 2023-008301

FIRST AND MIDDLE NAME(S): JOHN FRANCES  
LAST-NAME(S): GRIFFITH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 17, 2023  
HOUR OF DEATH: 05:11 AM  
SEX: MALE AGE: 61 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: RUTHIE JO KRIEGER

OCCUPATION: RADIOGRAPHER  
INDUSTRY: INDUSTRIAL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: RUTHIE J GRIFFITH  
RELATIONSHIP: WIFE  
ADDRESS: 11363 EARLE DRIVE, MT. VERNON, WA 98273

CAUSE OF DEATH:  
A: GASTROESOPHAGEAL CANCER  
INTERVAL: MONTHS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASES TO LIVER, LUNG,  
AND LYMPH NODES

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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 11363 EARLE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 11363 EARLE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER: GEORGE HAMBLETON GRIFFITH  
MOTHER: BEVERLY [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: BAYVIEW CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MARCH 01, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: COLE B. ERIKSON

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: NO RESPONSE

CERTIFIER NAME: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: FEBRUARY 17, 2023

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: FEBRUARY 21, 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
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**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: 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: Printed name: Date: 14b. Signature of 2<sup>nd</sup> parent (if required): Printed name: Date:

### 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

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

#### Adult (18 years or older)

- 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.
  - \*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.
- 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.

#### Death Certificates

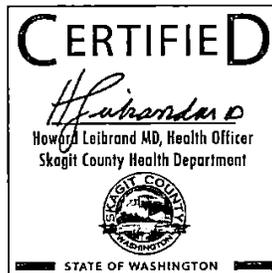
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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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