

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 12/04/2025

After recording, return to:
Virginia Haywood
Chicago Title
32650 SR 20, Suite E202
Oak Harbor, WA 98277

Chicago Title
245475453

Grantor (Name of Decedent): John Robert Haywood

Grantee (Heirs): Virginia M. Haywood

Abbreviated Legal Description: LTS 16, 17 AND PTN LT 18, BLK. 2, 'KELLOGG AND FORD'S ADDITION TO ANACORTES", AKA LT. 6, BLK. 2, SVY REC NO. 877715

Tax Parcel No.(s): P57689/3800-002-018-0002

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF Skagit

The undersigned, Virginia M. Haywood by Suzanne Harris, her attorney in fact executes this affidavit relating to the estate of John Robert Haywood (herein "Decedent"), who died on September 5, 2001, in the County of Skagit, State of Washington, then being a resident of the City of Anacortes, 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.

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(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: Virginia M. Haywood, 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.

Virginia M. Haywood by Suzanne Harris, her attorney in fact

Signature

Virginia M. Haywood by Suzanne Harris her attorney in fact
Print Name

State of WA
County of Skagit

This record was acknowledged before me on 12/01/2025 by

Marilyn Coan Tompkins
(Signature of notary public)
Notary Public in and for the State of WA
My commission expires: 11/01/2027

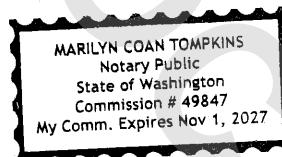


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P57689/3800-002-018-0002

LOTS 16, 17 AND THE EAST 1/2 OF LOT 18, BLOCK 2, 'KELLOGG AND FORD'S ADDITION TO ANACORTES', ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 1 OF PLATS, PAGE 41, RECORDS OF SKAGIT COUNTY, WASHINGTON;

ALSO BEING KNOWN AS LOT 6, BLOCK 2, OF SURVEY OF MEADOW VISTA, RECORDED IN VOLUME 2 OF SURVEYS, PAGE 90, UNDER AUDITOR'S FILE NO. 877715, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH664
LOCAL FILE NUMBER

146

STATE FILE NUMBER

CERTIFICATE OF DEATH

1. NAME John Robert Haywood	2. SEX (M / F) M	3. DEATH DATE (Mo. Day, Yr) Sep 5, 2001					
4. AGE LAST BIRTH 72	5. UNDER 1 YEAR MOS	6. UNDER 1 DAY DAYS HOURS MINS	7. BIRTHDATE (Mo. Day, Yr) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) Ludlow, KY	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes		12. PLACE OF DEATH <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 13865 Seaview Way			13. SMOKING IN LAST 15 YEARS? (Yes / No) No		
D E C E D E N T	14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Virginia (nmi) Martin	16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (O-12) 12 College (1-4 or 5+)			
	18. USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED) Regional Manager	19. KIND OF BUSINESS OR INDUSTRY General Motors	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) No	21. RACE (Specify) White			
22. RESIDENCE—NUMBER AND STREET 13865 Seaview Way		23. CITY/TOWN OR LOCATION Anacortes	24. INSIDE CITY LIMITS? Yes / No Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 10yrs	26. STATE WA	27. ZIP CODE 98221
28. FATHER'S NAME—FIRST, MIDDLE, LAST Charles Adam Haywood		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Julia [REDACTED]					
30. INFORMANT—NAME Virginia (nmi) Haywood		31. MAILING ADDRESS STREET OR RFD NO. 13865 Seaview Way, Anacortes, WA 98221 CITY OR TOWN STATE ZIP					
32. BURIAL CREMATION REMOVAL OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) Sep 11, 2001		34. CEMETERY/CREMATORIUM—NAME Grand View Cemetery		35. LOCATION—CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>X Joseph Whisman</i>		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 105 32nd Street Anacortes, WA 98221			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE—DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>X Gordon</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>X</i>			
40. DATE SIGNED (Mo. Day, Yr) 9/16/01		41. HOUR OF DEATH (24 Hrs.) 2300		44. DATE SIGNED (Mo. Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gavin I. Gordon M.D.		46. PRONOUNCED DEAD (Mo., Day, Yr) 1213 24th Street, Suite 100, Anacortes, WA 98221		47. HOUR PRONOUNCED DEAD (24 Hrs.)		48. ME/CORONER FILE NUMBER 123-01	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. <i>ischemic cardiomyopathy</i> DUE TO, OR AS A CONSEQUENCE OF: B. <i>ASCVD</i> DUE TO, OR AS A CONSEQUENCE OF: C. <i></i> DUE TO, OR AS A CONSEQUENCE OF: D. <i></i> DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH 15 yrs. INTERVAL BETWEEN ONSET AND DEATH YES INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH							
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE <i>X Dorothy Epps, deputy</i>	
						63. DATE RECEIVED (Mo., Day, Yr) SEP 10 2001	



DOH-01-003 15/99

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER	for	
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC) SPECIFY 15.				

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS
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DCH 110-007 (Rev. 3/99)

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

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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 attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

Skagit County Health Department
 Howard Leibrand M.D., Health Officer

This is a legal document.
 Complete in ink and do not alter.


 Date Issued SEP 10 2001

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