

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

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

Printed: 11.20.25 @ 09:25 AM by KJ
-CT-FNRV-02150.620019-620060687

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

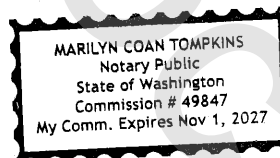


EXHIBIT "A"
Legal Description

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 HEALTH

664
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME John Robert Haywood				2. SEX (M / F) M		3. DEATH DATE (Mo., Day, Yr.) Sep 5, 2001	
4. AGE LAST BIRTH DAY (Yrs) 72		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTH DATE (Mo., Day, Yr.)	
8. BIRTH PLACE (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—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" 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							
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 (0-12) 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) Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: 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. CITY OR TOWN STATE ZIP 13865 Seaview Way, Anacortes, WA 98221					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo., Day, Yr.) Sep 11, 2001		34. CEMETERY/CREMATORY—NAME Grand View Cemetery		35. LOCATION—CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>Joseph [REDACTED]</i>		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 105 32nd Street Anacortes, WA 98221-			
39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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>[Signature]</i> 40. DATE SIGNED (Mo., Day, Yr.) 9/6/01				43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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>[Signature]</i>			
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)				46. PRONOUNCED DEAD (Mo., Day, Yr.)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Gavin I. Gordon M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221						49. MEDICORPNER FILE NUMBER 123-01	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <i>ischemic and coronaryopathy</i>				INTERVAL BETWEEN ONSET AND DEATH 15 yrs.	
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.		B. <i>ASCVD</i>				INTERVAL BETWEEN ONSET AND DEATH yrs.	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				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	
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		62. REGISTRAR SIGNATURE <i>x Dorothy Epps, deputy</i>				63. DATE RECEIVED (Mo., Day, Yr.) SEP 10 2001	



DOH-01-003 (5/99)

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	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER _____ for _____ 3. DATE OF EVENT _____ 4. PLACE OF EVENT (City and County) _____		
2. NAME _____		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) _____		
5. FATHER'S FULL NAME (If Birth), HUSBAND (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 _____

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

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

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

Howard Leibrand
 Date Issued SEP 10 2001

II00110014