

After recording, return to:
Edith Garner

10002 Aurora Ave N
Suite 30 PMB 1161
Seattle WA 98133

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 12/05/2025

Grantor (Name of Decedent): Floyd A Garner
Grantee (Heirs): Edith M Garner
Abbreviated Legal Description: LT 1, SKAGIT COUNTY SHORT PLAT NO. 162-79, REC NO. 8205100004, BEING PTN NW 25-36-04
Tax Parcel No.(s): P49931 / 360425-2-003-0107

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

Chicago Title
620060334

The undersigned, Edith M Garner, executes this affidavit relating to the estate of Floyd A Garner (herein "Decedent"), who died on 8/8/24, in the County of Whatcom, State of WA, then being a resident of the City of Sedro Woolley County of Skagit, State of WA.

(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: Edith M Garner Wife

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.

Edith M Garner
Signature

Edith M. Garner
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 11-26-2025 by
Edith M. Garner

Lorrie J Thompson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 6-1-2028

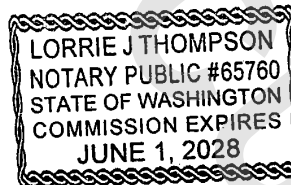


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P49931 / 360425-2-003-0107

LOT 1, SKAGIT COUNTY SHORT PLAT NO. 162-79, APPROVED MAY 10, 1982, AND RECORDED MAY 10, 1982, IN VOLUME 5 OF SHORT PLATS, PAGE 187, UNDER AUDITOR'S FILE NO. 8205100004, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN;

EXCEPT THAT PORTION CONVEYED TO SKAGIT COUNTY FOR ROAD BY DEED RECORDED MAY 8, 1995, UNDER AUDITOR'S FILE NO. 9505080058, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATED IN SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-099593

DATE ISSUED: 08/16/2024
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): FLOYD ARTHUR
LAST NAME(S): GARNER

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: AUGUST 08, 2024

HOUR OF DEATH: 07:12 PM

SEX: MALE

AGE: 68 YEARS

SOCIAL SECURITY NUMBER:

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

BIRTH DATE:

BIRTHPLACE: BAKER CITY, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: EDITH MARIE ANDERSON

OCCUPATION: MASTER SURVIVOR INSTRUCTOR

INDUSTRY: MILITARY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: EDITH MARIE GARNER

RELATIONSHIP: WIFE

ADDRESS: 23404 PRAIRIE RD SEDRO WOOLLEY WA 98284

CAUSE OF DEATH:

A: BILATERAL ASPIRATION PNEUMONIA

INTERVAL: 9 DAYS

B: SEVERE DYSPHAGIA

INTERVAL: 8 MONTHS

C: METASTATIC SQUAMOUS CELL CARCINOMA OF THE TONGUE BASE, SOFT PALATE AND BILATERAL NECK

INTERVAL: 8 MONTHS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION; HISTORY OF TULAREMIA, NECROTIZING FASCITIS WITH PARTIAL LEFT LEG AMPUTATION, HYPERLIPIDEMIA AND TYPE 2 DIABETES MELLITUS

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: HOSPITAL

FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225-1898

RESIDENCE STREET: 23404 PRAIRIE RD

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-8594

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER: HAROLD GARNER

MOTHER: BETTY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

CITY, STATE: BELLINGHAM, WASHINGTON

DISPOSITION DATE: AUGUST 20, 2024

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

FUNERAL DIRECTOR: JAKE WAGGONER

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: NOT APPLICABLE

CERTIFIER NAME: MEGAN B. ELLINGSEN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2800 AND 2806 DOUGLAS

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: AUGUST 12, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN

DATE RECEIVED: AUGUST 15, 2024



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 | Required information must match current information on record | | | | |
| | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 forgoing is true and correct.

| | |
|---------------------------------|---|
| 14a. Signature: | 14b. Signature of 2 nd parent (if required): |
| Printed name: _____ Date: _____ | Printed name: _____ Date: _____ |

INSTRUCTIONS – go to 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 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.

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 Amy Harley, Health Officer.

Amy Harley

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



0 7 4 0 5 5 0 0