

After recording, return to:
Allison Summers
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 12/19/2025

Grantor (Name of Decedent): William W. Rushton
Grantee (Heirs): Janice E. Rushton
Abbreviated Legal Description: LT 44, SKAGIT STEELHEAD TRACTS
Tax Parcel No.(s): P69551 / 4012-000-044-0006

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, Janice E. Rushton, executes this affidavit relating to the estate of William W. Rushton (herein "Decedent"), who died on 9-7-2007, in the County of Spokane, State of Washington, then being a resident of the City of Mead, County of Spokane, 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: Janice E. Rushton - 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.

Janice E. Rushton
Signature

Janice E. Rushton
Print Name

State of WA
County of Skagway

This record was acknowledged before me on 12/17/2025 by
Janice E. Rushton

Anthony Buchanan

(Signature of Notary public)

Notary Public in and for the State of WA

My commission expires: 6/11/2029

<p>Notary Public State of Washington ANTHONY BUCHANAN License #25017910 My Commission Expires June 11, 2029</p>
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EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P69551 / 4012-000-044-0006

LOT 44, SKAGIT STEELHEAD TRACTS, ACCORDING TO THE PLAT THEREOF RECORDED IN
VOLUME 8 OF PLATS, PAGE 10, RECORDS OF SKAGIT COUNTY, WASHINGTON;
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2007-006800

DATE ISSUED: 12/18/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM WAYLAND
LAST NAME(S): RUSHTONCOUNTY OF DEATH: SPOKANE
DATE OF DEATH: SEPTEMBER 07, 2007
HOUR OF DEATH: 08:28 AM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: RENO, NEVADAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: JANICE HOFFMANOCCUPATION: SALES
INDUSTRY: DRY GOODS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: JANICE RUSHTON
RELATIONSHIP: WIFE
ADDRESS: 11711 N. CHEYENNE RD, MEAD, WASHINGTON, 99021CAUSE OF DEATH:
A: SEPTIC SHOCK, MULTI-SYSTEM ORGAN FAILURE
INTERVAL: DAYS
B: PSEUDOMONAS AERUGINOSA BACTEREMIA
INTERVAL: DAYS
C: PNEUMONIA
INTERVAL: DAYS
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: NON HODGKINS LYMPHOMA,
CHRONIC OBSTRUCTIVE PULMONARY DISEASEDATE 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: HOLY FAMILY HOSPITAL
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208
RESIDENCE STREET: 11711 N CHEYENNE RD
CITY, STATE, ZIP: MEAD, WA 99021
INSIDE CITY LIMITS: NO COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARSFATHER: CLARENCE RUSHTON
MOTHER: EVELYN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PACIFIC NORTHWEST CREMATORYCITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 11, 2007FUNERAL FACILITY: COMMUNITY CREMATION SERVICE
ADDRESS: N. 4407 DIVISION ST. #103
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207
FUNERAL DIRECTOR: RONALD C STOSEMANNER 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 APPLICABLECERTIFIER NAME: KEITH A MORTON
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 406 E ROWAN STE 200
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207
DATE SIGNED: SEPTEMBER 07, 2007CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: LINDA MAHMOOD
DATE RECEIVED: SEPTEMBER 10, 2007



DOH 422-034 August 2019

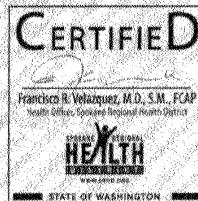
Affidavit for Correction**This is a legal document. Complete in ink and do not alter.**

202512190044

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Mail to:
Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY				
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	
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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				
7. Return Mailing Address: P.O. 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: Printed name: _____ Date: _____		14b. Signature of 2nd parent (if required): 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 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 • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parent's 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.				
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.				



0 8 4 4 8 5 4 4

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