

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): Tanice 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, Tanice 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.

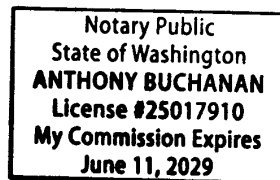
Janice E. Rushton  
 Signature

Janice E Rushton  
 Print Name

State of WA  
 County of Spokane

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



**EXHIBIT "A"**  
Legal Description

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

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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): RUSHTON

COUNTY 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: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: RENO, NEVADA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JANICE HOFFMAN

OCCUPATION: SALES  
INDUSTRY: DRY GOODS  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: JANICE RUSHTON  
RELATIONSHIP: WIFE  
ADDRESS: 11711 N. CHEYENNE RD, MEAD, WASHINGTON, 99021

CAUSE 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 DISEASE

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: 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 YEARS

FATHER: CLARENCE RUSHTON  
MOTHER: EVELYN [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: PACIFIC NORTHWEST CREMATORY

CITY, STATE: SPOKANE, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 11, 2007

FUNERAL FACILITY: COMMUNITY CREMATION SERVICE

ADDRESS: N. 4407 DIVISION ST. #103  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207  
FUNERAL DIRECTOR: RONALD C STOSE

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: KEITH A MORTON  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 406 E ROWAN STE 200  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207  
DATE SIGNED: SEPTEMBER 07, 2007

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

LOCAL DEPUTY REGISTRAR: LINDA MAHMOOD  
DATE RECEIVED: SEPTEMBER 10, 2007



# Affidavit for Correction

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

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	First	Middle
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 foregoing is true and correct.

14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:		Printed name:	
Date:	Date:	Date:	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

- 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

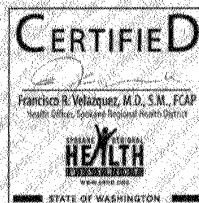
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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