

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/11/2026

After Recording Return To:

Jerald Cross
5924 Palo Verde Dr. NW
Albuquerque, NM 87114

Chicago Title
620061005

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jerald W Cross (*Name of Affiant*), being first duly sworn deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real property described below, and is Son (*Relationship to decedent*) of Cecil R. Cross (*Decedent/Grantor*), who died on August 3, 1975 (*Date*) at 2815 East Valley Street, Seattle 98112, King County, Washington (*City, County, and State*).

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

46017 Baker Drive, Concrete, WA 98237

Abbreviated Legal Description: Lot 166, Cedargrove On the Skagit

Parcel ID(s): P64243

Assessor's Property Tax Parcel/Account No.: P64243
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Jerald W. Cross Son 76
Full Name (Relationship to Decedent, Age)
5924 Palo Verde Drive N. W. Albuquerque, NM. 87114
Address

Randolph S. Cross Son 80
Full Name (Relationship to Decedent, Age)
4647 South Orchard. Street Seattle, Washington 98118
Address

Cecil E. Cross Son 78
Full Name (Relationship to Decedent, Age)
2815 East Valley Street Seattle, Washington 98112
Address

Full Name (Relationship to Decedent, Age)
Address _____

Full Name (Relationship to Decedent, Age)
Address _____

Full Name (Relationship to Decedent, Age)
Address _____

Full Name (Relationship to Decedent, Age)
Address _____

Full Name (Relationship to Decedent, Age)
Address _____

EXHIBIT A
Legal Description

LOT 166, CEDARGROVE ON THE SKAGIT, AS PER PLAT RECORDED IN VOLUME 9 OF PLATS,
PAGES 48
THROUGH 51, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Dated: January 3, 2026

Jerald W. Cross
Signature

Jerald W Cross
Affiant Name

505 270 1312
Telephone No.

5924 Palo Verde Drive Northwest
Street

Albuquerque, New Mexico 87114
City, State, Zip

STATE OF New Mexico, COUNTY OF Bernalillo

I certify that I know or have satisfactory evidence that Jerald W Cross is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: February 5, 2026

(Seal or stamp)

Savannah RR Rubidoux
Signature of Notary Public
Printed Name: Savannah RR Rubidoux
My appointment expires: October 31 2029



STATE OF WASHINGTON DEPARTMENT OF HEALTH



Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued: 1/14/2026

SHS 0-115 (10-71) YEA-195) TYPE OR PRINT IN PERMANENT INK

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH LOCAL FILE NUMBER 6078 STATE FILE NUMBER 18222

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED - IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Form fields for DECEASED, PARENTS, CAUSE, CERTIFIER, and BURIAL sections, including names, addresses, dates, and medical details.



Affidavit for Correction

02/11/2026 10:19 AM Page 0 of 0
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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 <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: 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.

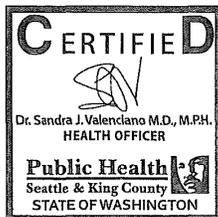
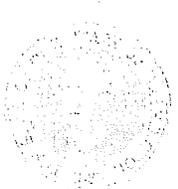
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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.



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



0 8 8 1 5 4 3 3