

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/19/2026

After recording, return to:
Kevin Eide
Estate of Dolores R. Eide

Grantor (Name of Decedent): Delores R. Eide Fidelity Title
Grantee (Heirs): Kevin Eide, David Eide, and Michael McCain 612904568 / 620061129
Abbreviated Legal Description: UNIT 63, THIRD AMENDMENT TO THE CEDARS, A CONDO, REC
NO. 199909170115
Tax Parcel No.(s): P116263 / 4739-000-063-0000

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, Kevin Eide, executes this affidavit relating to the estate of Delores Eide (herein "Decedent"), who died on April 20, 2023, in the County of Skagit, State of Washington, then being a resident of the City of Burlington, County of Skagit, 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:)

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: Kevin Eide, Son

Name and relationship: David Eide, Son

Name and relationship: Michael McCain, Grandson

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.

Kevin Eide
Kevin Eide, Heir

David Eide, Heir

Michael McCain, Heir

EXHIBIT "A"
Legal Description

- 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): _____

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: Kevin Eide, Son
- Name and relationship: David Eide, Son
- Name and relationship: Michael McCain, Grandson
- Name and relationship: _____

Description of the Property

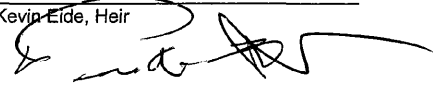
4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

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.

Kevin Eide, Heir


David Eide, Heir

Michael McCain, Heir

EXHIBIT "A"
Legal Description

- 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): _____

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: Kevin Eide, Son
 - Name and relationship: David Eide, Son
 - Name and relationship: Michael McCain, Grandson
 - 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.

Kevin Eide, Heir

David Eide, Heir

Michael McCain
Michael McCain, Heir

EXHIBIT "A"
Legal Description

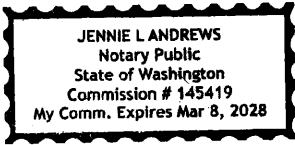
State of Washington

County of Skagit

This record was acknowledged before me on 02/12/2026 by Kevin Eide as Heir of the Estate of Dolores R. Eide.

[Handwritten Signature]

(Signature of notary public) Jennie Andrews
Notary Public in and for the State of Washington
My appointment expires: 03/08/2028
Resides At: Camano Island WA



State of Washington

County of _____

This record was acknowledged before me on _____ by David Eide as Heir of the Estate of Dolores R. Eide.

(Signature of notary public) _____
Notary Public in and for the State of _____
My appointment expires: _____

State of Washington

County of _____

This record was acknowledged before me on _____ by Michael McCain as Heir of the Estate of Dolores R. Eide.

(Signature of notary public) _____
Notary Public in and for the State of _____
My appointment expires: _____

EXHIBIT "A"
Legal Description

State of Washington

County of _____

This record was acknowledged before me on _____ by Kevin Eide as Heir of the Estate of Dolores R. Eide.

(Signature of notary public)
Notary Public in and for the State of _____
My appointment expires: _____

State of Washington

County of Pierce

This record was acknowledged before me on Feb 12 2006 by David Eide as Heir of the Estate of Dolores R. Eide.

Kelly L Goff
(Signature of notary public)
Notary Public in and for the State of Washington
My appointment expires: July 5 2027



State of Washington

County of _____

This record was acknowledged before me on _____ by Michael McCain as Heir of the Estate of Dolores R. Eide.

(Signature of notary public)
Notary Public in and for the State of _____
My appointment expires: _____

EXHIBIT "A"
Legal Description

State of Washington

County of _____

This record was acknowledged before me on _____ by Kevin Eide as Heir of the Estate of Dolores R. Eide.

(Signature of notary public)
Notary Public in and for the State of _____
My appointment expires: _____

State of Washington

County of _____

This record was acknowledged before me on _____ by David Eide as Heir of the Estate of Dolores R. Eide.

(Signature of notary public)
Notary Public in and for the State of _____
My appointment expires: _____

State of Washington

County of Spokane

This record was acknowledged before me on 02/12/2026 by Michael McCain as Heir of the Estate of Dolores R. Eide.

Anthony Buchanan

(Signature of notary public)
Notary Public in and for the State of WA
My appointment expires: ~~06/11/2022~~ 06/11/2029

Notary Public
State of Washington
ANTHONY BUCHANAN
License #25017910
My Commission Expires
June 11, 2029

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-019720

DATE ISSUED: 04/24/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOLORES ROSE
LAST NAME(S): EIDE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 20, 2023
HOUR OF DEATH: 01:35 PM
SEX: FEMALE AGE: 92 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BLACK DIAMOND, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BOOKKEEPER
INDUSTRY: HYDRAULIC REPAIR SHOP
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: GRETCHEN EIDE
RELATIONSHIP: DAUGHTER IN LAW
ADDRESS: 20902 TRAVIS LANE BURLINGTON, WA 98233

CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RIGHT HIP FRACTURE

DATE OF INJURY: MARCH 04, 2023
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: MEMORY CARE FACILITY

LOCATION OF INJURY: 410 S. NORRIS STREET, #101

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL WHILE
AMBULATING

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: WHERE THE HEART IS
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1114 SINCLAIR WAY
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: ANTONIO MAYONE
MOTHER: ANGIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 21, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DEBORAH HOLLIS
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 21, 2023

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 230420-877
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 21, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

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

Manila
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
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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:			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	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
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

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 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

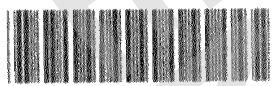
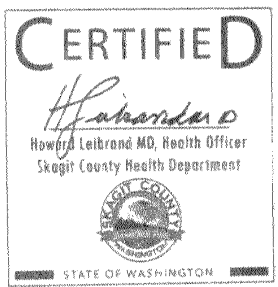
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



0 6 5 5 5 6 5 2

EXHIBIT "A"
Legal Description

Order No.: 620061129

For APN/Parcel ID(s): P116263 / 4739-000-063-0000

UNIT 63, THIRD AMENDMENT TO THE CEDARS, A CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED FEBRUARY 5, 1998 UNDER RECORDING NO. 9802050054, AND AMENDED SURVEY MAP AND PLANS RECORDED IN RECORDING NO. 199909170115, RECORDS OF SKAGIT COUNTY, WASHINGTON, ANY AMENDMENTS THERETO.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.