

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20260631
Date 03/05/2026

RETURN DOCUMENT TO:
Service Link
1355 Cherrington Parkway
Moon Township, PA 15108

Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047

DOCUMENT TITLE(S): <p style="text-align: center;">Affidavit (lack of probate)</p>
AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S) BEING ASSIGNED OR RELEASED: Additional reference numbers can be found on page _____ of document.
GRANTOR(S): <p style="text-align: center;">Kenneth L Selph (deceased)</p> Additional grantor(s) can be found on page _____ of document.
GRANTEE(S): <p style="text-align: center;">Joyce e Selph 3413 Terra LN Mount Vernon WA 98274</p> Additional grantee(s) can be found on page _____ of document.
ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township and range OR; unit, building and condo name.) <p style="text-align: center;">Lot 3 City of mount Vernon short plat no. MV-2-97</p> Additional legal(s) can be found on page _____ of document.
ASSESSOR'S 16-DIGIT PARCEL NUMBER: <p style="text-align: center;">P116303</p> Additional numbers can be found on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

Record and Return to:
ServiceLink, LLC
1355 Cherrington Parkway
Moon Township, PA 15108

Prepared by: Joshua Dabling, Esq., Dabling Law Firm, Washington State Bar Number 44792, and Sarah Cordell, Esq., Cordell Law LLC, 5315 N Clark Street #173, Chicago, IL 60640, (866) 363-3337.

The preparer of this instrument has neither been requested to nor has the preparer conducted a title search or an inspection of the real property transferred hereby. No representations or warranties as to accuracy of the description, the status of title or condition of the real property have been made by the preparer.

EXEMPT FROM EXCISE TAX

WAC 458-61A-202(6)(i) transfer by operation of law

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee **Joyce E. Selph**, 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 the spouse of **Kenneth L. Selph**, who died on 6/27/2024 in Skagit County, Washington.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 3, SP MV-297, AF No. 9801290010, SE 1/4, 21-34-4, Skagit Co, Washington.

Lot 3, City of Mount Vernon short Plat no. MV-2-97, approved January 28, 1998 and recorded January 29, 1998, in Volume 13 of short plats in Page 91, under auditor's file no. 9801290010, records of Skagit County, Washington; being a portion of the Southeast quarter of section 21, township 34 North, range 4 East of the Willamette meridian.

Situate in Skagit County, Washington

Parcel ID: P116303

Commonly known as: 3413 Terra Ln, Mount Vernon, WA, 98274

- 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)

Joyce E. Selph, Spouse, Age: 63
3413 Terra Ln, Mount Vernon, WA, 98274

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 02 July 2025

Joyce E. Selph
Affiant's full name

Telephone number

3413 Terra Ln

Street

Mount Vernon, WA, 98274

City

State

Zip Code

x Joyce E. Selph 7/2/2025
Signature Date

State of Washington

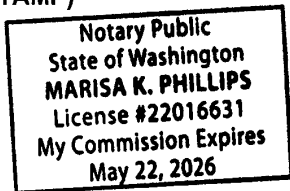
County of Skagit

I know or have satisfactory evidence that **Joyce E. Selph** is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 02 July 2025

Marisa K. Phillips
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Island County

Notary Public in and for the State of WA

My appointment expires: 05/22/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-032106

DATE ISSUED: 07/05/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KENNETH LEE
LAST NAME(S): SELPH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 27, 2024
HOUR OF DEATH: 02:30 AM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 3413 TERRA LN
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-9141

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO
RACE: HISPANIC

RESIDENCE STREET: 3413 TERRA LN
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-9141
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE:
BIRTHPLACE: SAN DIEGO, CA

FATHER:
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JOYCE CLEMO

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: CARPENTER
INDUSTRY: CONSTRUCTION - GENERAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 08, 2024

INFORMANT: JOYCE SELPH
RELATIONSHIP: WIFE
ADDRESS: 3413 TERRA LANE, MOUNT VERNON, WA 98274

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: ANNA JORDAN

CAUSE OF DEATH:
A: UNSPECIFIED NATURAL CAUSES
INTERVAL: 1 MINUTES

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF SOLID ORGAN
TRANSPLANT. PT FOUND DECEASED AT HOME, NO AUTOPSY PERFORMED;
EXACT CAUSE OF DEATH UNCERTAIN.

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: CHRIS WONG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 4245 ROOSEVELT WAY NE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98105
DATE SIGNED: JULY 05, 2024

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 24-M11190
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JULY 05, 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
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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: 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: Printed name: Date:		14b. Signature of 2 nd parent (if required): Printed name: Date:	
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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.

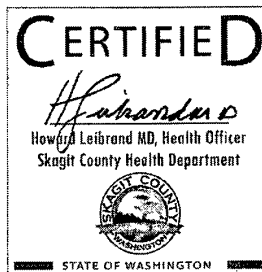
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

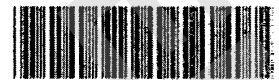
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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