

After recording, return to:
Jay D. Christiansen
514 F and S Grade Road
Sedro Woolley, WA 98284

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20260789
Date 03/20/2026

Grantor (Name of Decedent): Rebecca S. Read Christiansen

Grantee (Heirs): Jay D. Christiansen

Abbreviated Legal Description: LT 4, BAKER ESTATES SPL REC NO. 202306160048, BEING PTN NE
1/4 SEC 23-35-4E, W.M.

Tax Parcel No.(s): P136839 / 6085-000-007-0300

Chicago Title
620061495

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, Jay D. Christiansen, executes this affidavit relating to the estate of Rebecca S. Read Christiansen (herein "Decedent"), who died on October 1 2025, in the County of Benton, State of Washington, then being a resident of the City of Sedro Woolley, 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.

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

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: Jay D. Christensen Husband
Name and relationship: David Arnold Son
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

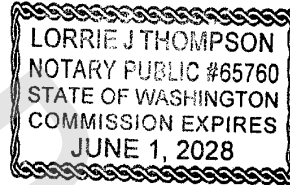
5. **Status of the Will (if any)**

- 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.

Jay D. Christensen
Signature

Jay D. Christensen
Print Name



State of WASHINGTON
County of SKAGIT

This record was acknowledged before me on 3-16-2026 by
Jay D. Christensen

Lorrie J. Thompson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 6-1-2028

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P136839 / 6085-000-007-0300

LOT 4, BAKER ESTATES SHORT PLAT, RECORDED JUNE 16, 2023 UNDER RECORDING NO. 202306160048, BEING A PORTION OF LOT 7, PLAT OF SAMISH ESTATES, RECORDED UNDER AUDITOR'S FILE NO. 202105050092, BEING PORTION OF NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 23, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., 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: 2025-052433

DATE ISSUED: 10/27/2025
FEE NUMBER: 0118-3740

FIRST AND MIDDLE NAME(S): REBECCA SUE
LAST NAME(S): READ CHRISTIANSEN

COUNTY OF DEATH: BENTON
DATE OF DEATH: OCTOBER 01, 2025
HOUR OF DEATH: 02:50 AM
SEX: FEMALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: KADLEC REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99352-3583

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

RESIDENCE STREET: 514 F AND S GRADE RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-9667
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE:
BIRTHPLACE: SPOKANE, WASHINGTON

FATHER: CALLVIN LETSON
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JAY DOUGLAS CHRISTIANSEN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EINAN'S CREMATORIUM

OCCUPATION: CUSTODIAN/JANITOR
INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: RICHLAND, WASHINGTON
DISPOSITION DATE: OCTOBER 27, 2025

INFORMANT: JAY DOUGLAS CHRISTIANSEN
RELATIONSHIP: HUSBAND
ADDRESS: 514 F AND S GRADE ROAD, SEDRO-WOOLLY, WA 98284

FUNERAL FACILITY: COMPASSIONATE CREMATION SOCIETY

ADDRESS: PO BOX 90
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99352
FUNERAL DIRECTOR: HOLLEY SOWARDS

- CAUSE OF DEATH:
- A: CARDIOPULMONARY ARREST
INTERVAL: 3 MINUTES
 - B: NON -ST SEGMENT ELEVATION MYOCARDIAL INFARCTION
INTERVAL: 1 HOURS
 - C: ANOXIC BRAIN INJURY AND ACUTE KIDNEY INJURY
INTERVAL: 17 DAYS
 - D: CARDIAC ARREST
INTERVAL: 1 HOURS

OTHER CONDITIONS CONTRIBUTING TO DEATH: COMFORT CARE,
HYPERGLYCEMIA, ACUTE HYPOXIC RESPIRATORY FAILURE

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

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

CERTIFIER NAME: FRANCESCO VINCI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 888 SWIFT BLVD
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99352
DATE SIGNED: OCTOBER 02, 2025

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ANNA MANZO
DATE RECEIVED: OCTOBER 24, 2025



Affidavit for Correction

03/23/2026 10:26 AM Page 6 of 5 Statistics
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 Information must match current information on record				
Required	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 <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:	Printed name:
Date:	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.

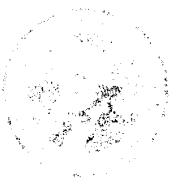
*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

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.

CERTIFIED

OCT 27 2025

Steven Kräger
Steven Kräger
Benton-Franklin Health District



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