

202604150030

04/15/2026 10:23 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor, WA

Return Address:

Land Title and Escrow
PO Box 448
Burlington WA 98223

State of Washington

County of Skagit

Land Title and Escrow Order #60036893-351

SKAGIT COUNTY WASHINGTON

REAL ESTATE EXCISE TAX

2026.1115

APR 15 2026

Amount Paid \$ 0

Skagit Co. Treasurer

By LT Deputy

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Jeffrey Scott Kramer
Affiant(s), being by me first duly sworn upon
his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: WALLACE H. KRAMER
3. The decedent died on 7-15-2019 (date) at BURLINGTON (City), SKAGIT (County),
WA (State).
4. My/Our relationship to the decedent is as follows:
SON
5. I am / We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)
Abbreviated legal: Unit 56, Third Amendment to The Cedars, A condo
Tax ID Number: 4739-000-056-0000/P116256
8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.

9. The deceased is survived by the following heirs:

<u>STEVEN ROSS KRAMER</u>	<u>65</u>	<u>SON</u>
Full Name	Age	Relationship
<u>JEFFREY S. KRAMER</u>	<u>62</u>	<u>SON</u>
Full Name	Age	Relationship
<u>Evelyn A. Kramer</u>	<u>88</u>	<u>Wife, Deceased 10/27/2025</u>
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship

Jeffrey L. Kramer
Affiant's Signature

JEFF KRAMER
Printed Name of Affiant

2413 MOODY STREET
MT. VERNON, WA. 98274
Address

State of: Washington

County of: Skagit

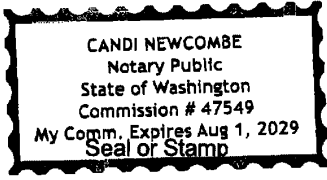
I certify that I know or have satisfactory evidence that Jeffrey Scott Kramer is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 4/15/26

Candi Newcombe
Signature

Notary Public
Title

My appointment expires: 8/1/29



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER 2019-031640

DATE ISSUED: 07/22/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WALLACE HARRY
LAST NAME(S): KRAMER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 15, 2019
HOUR OF DEATH: 09:30 PM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1072 SINCLAIR WAY
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 1072 SINCLAIR WAY
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE:
BIRTHPLACE: GIBBON, MN

FATHER/PARENT: HARRY GUSTAV KRAMER
MOTHER/PARENT:

MARITAL STATUS: MARRIED
SPOUSE: EVELYN ANN OMODT

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

OCCUPATION: MECHANIC
INDUSTRY: MARINE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 18, 2019

INFORMANT: EVELYN ANN KRAMER
RELATIONSHIP: WIFE
ADDRESS: 1072 SINCLAIR WAY, BURLINGTON, WA 98233

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 231 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:
A: PRESUMED PROSTATE CANCER WITH WIDESPREAD BONY METASTASES
INTERVAL: 2 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NO RESPONSE

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JULY 17, 2019

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: MARIA VIVANCO
DATE RECEIVED: JULY 18, 2019



Affidavit for Correction

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

Washington State Department of Health
Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-235-4300

STATE OFFICE USE ONLY

State File Number: Fee Number: Initials: Date: Affidavit Number:

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)
1. Name on Record: 2. Date of Event: 3. Place of Event:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)
7. Return Mailing Address:
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 now shows: The true fact is:
8. 9.
10. 11.
12. 13.
14. 15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth
Child under 18: If legal guardian(s), include certified court order proving guardianship; Up to age one, last name can be changed once to either parents' name on certificate; After age one, 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 documentary proof is required; To correct the sex of the child, one documentary proof 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 documentary proof are required; If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required; To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DQH 422-032)

Death Certificates

- 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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.

DQH 422-034 January 2015

CERTIFIED

JUL 2 2 2019

Howard Librand

Skiagit County Health Department
Howard Librand M.D., Health Officer



0 2 9 8 3 7 5 4

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

Order No.: 60036893-351

EXHIBIT "A"

Unit 56, THIRD AMENDMENT TO THE CEDARS, A CONDOMINIUM, according to the Declaration thereof recorded February 2, 1998, under Auditor's File No. 9802050054, records of Skagit County, Washington, and any amendments thereto, and Amended Survey Map and Plans thereof recorded under Auditor's File No. 199909170115, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

THE ADDRESS FOR THE EXHIBIT "A" ABOVE IS AS FOLLOWS:

1072 Sinclair Way, Unit 56, Burlington, WA 98233

TITLE COMPANIES INSURE PROPERTIES BASED ON THE LEGAL DESCRIPTION
(NOT THE PROPERTY ADDRESS),

AND THE PROPERTY ADDRESS IS NOT A PART OF THE LEGAL DESCRIPTION.
THE PROPERTY ADDRESS HAS BEEN ADDED TO THIS PAGE FOR REFERENCE ONLY.