



202606030028

06/03/2026 11:23 AM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor

After recording, return to:

TIMOTHY W. MEYERS
115 HARLAN WAY
FORTUNA, CA 95540

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.1691
JUN 3 2026

Amount Paid \$~~0~~
Skagit Co. Treasurer
By LT Deputy

Grantor (Name of Decedent): CARL WARREN MEYERS
Grantee (Heirs): JOSEPHINE ANNE MEYERS aka ANNE S. MEYERS (deceased)
Abbreviated Legal Description: LT 30, HORIZON HEIGHTS DIV. NO. III
Tax Parcel No.(s): P108385 / 4656-000-030-0000

**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, TIMOTHY W. MEYERS, executes this affidavit relating to the estate of CARL WARREN MEYERS (herein "Decedent"), who died on FEBRUARY 27, 2008, in the County of KING, State of WASHINGTON, then being a resident of the City of ANACORTES, 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:) _____

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

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: JOSEPHINE ANNE MEYERS aka ANNE S. MEYERS (DECEASED)

Name and relationship: _____

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:

LOT 30, HORIZON HEIGHTS DIV. NO. III, ACCORDING TO THE PLAT THEREOF,
RECORDED IN VOLUME 16 OF PLATS, PAGES 60 AND 61, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

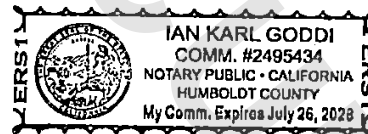
Timothy W. Meyers
Signature

TIMOTHY W. MEYERS
Print Name

State of CALIFORNIA
County of HUMBOLDT

This record was acknowledged before me on 05/22/26 by
Timothy W. Meyers

Ian Karl Goddi
(Signature of notary public)
Notary Public in and for the State of California
My commission expires: July 26, 2028

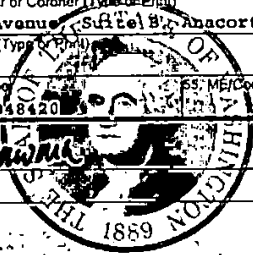


STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Washington State Certificate of Death. Local File Number 2351, State File Number. Decedent: Carl Warren MEYERS, Death Date: Feb 27, 2008. Cause of Death: Hemorrhagic cerebrocerebral vascular accident. Certifying Physician: Alix K McDonald, M.D.

Part 1 completed by Funeral Director. Part 2 completed by Certifier.





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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

Seattle - King County
Department of Public Health

David Fleming

David Fleming, MO
Director and Health Officer

MAR 07 2008

PP00488709