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08/12/2026 03:56 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

After recording, return to:
Scott D McNair
Estate of Barbara Langfritz McNair
13616 SE 7th St
Bellevue, WA 98005

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/12/2026

Grantor (Name of Decedent): **Douglas Raymer McNair**

Grantee (Heirs): Barbara Langfritz McNair

Abbreviated Legal Description: UNIT 105, BLDG 2, MADDOX HIGHLANDS CONDO 1, PHASE 1 REC NO. 200101230037

Tax Parcel No.(s): P117725 / 4773-002-105-0000

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

STATE OF Washington

COUNTY OF **Skagit**

Chicago Title
620062674

The undersigned, **Scott Douglas McNair**, executes this affidavit relating to the estate of **Douglas Raymer McNair** (herein "Decedent"), who died on **January 02,2020**, 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.

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: Scott Douglas McNair Son
Name and relationship: Barbara Langfritz McNair, wife
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.

Scott Mc — Personal Representative
Signature
Scott McNair
Print Name Douglas

State of Washington
County of King

This record was acknowledged before me on August 11, 2026 by
Scott Douglas McNair as Personal Representative of The Estate of Barbara Langfritz McNair, deceased

(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: Nov 23, 2027

RICHARD ZHU
Notary Public
State of Washington
Commission # 20100931
My Comm. Expires Nov 23, 2027

EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): P117725 / 4773-002-105-0000

UNIT 105, BUILDING 2, "MADDOX HIGHLANDS CONDOMINIUM I, PHASE I," ACCORDING TO AMENDED DECLARATION THEREOF RECORDED JANUARY 26, 2001 UNDER AUDITOR'F FILE NO. 200101260084 AND SURVEY MAP AND PLANS THEREOF RECORDED JANUARY 23, 2001, UNDER AUDITOR'S FILE NO. 200101230037, 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: **2020-000013**

DATE ISSUED: **01/03/2020**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **DOUGLAS RAYMER**
LAST NAME(S): **MCNAIR**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **JANUARY 02, 2020**
HOUR OF DEATH: **05:30 AM**
SEX: **MALE** AGE: **90 YEARS**
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: **DAYTON, OH**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **BARBARA MARIE LANGFRITZ**

OCCUPATION: **OWNER/ OPERATOR**
INDUSTRY: **HVAC**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **BARBARA L MCNAIR**
RELATIONSHIP: **WIFE**
ADDRESS: **1508 LINDSAY LOOP UNIT 105, MOUNT VERNON, WA 98274**

CAUSE OF DEATH:
A: **LEWY BODY DEMENTIA WITH PARKINSONISM**
INTERVAL: **9 YEARS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **NURSING HOME/LONG TERM CARE FACILITY**
FACILITY OR ADDRESS: **HOMEPLACE**
CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98233**

RESIDENCE STREET: **210 NORTH SKAGIT STREET**
CITY, STATE, ZIP: **BURLINGTON, WA 98233**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **1 YEAR**

FATHER: **ROBERT GRAFTON MCNAIR**
MOTHER:

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

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **JANUARY 02, 2020**

FUNERAL FACILITY: **LEMLEY CHAPEL**

ADDRESS: **1008 THIRD ST**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
FUNERAL DIRECTOR: **DOUGLAS E. HUTTER**

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**

CERTIFIER NAME: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
DATE SIGNED: **JANUARY 02, 2020**

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

LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**
DATE RECEIVED: **JANUARY 02, 2020**

DOH 422-132 (6/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health

Affidavit for Correction

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

Mail to: 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

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 ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

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 forgoing 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 (can be any combination of the first, middle or last names)*
- 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

*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.

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 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

DOH 422-034 January 2015

CERTIFIED

JAN 0 3 2020

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

Skagit County Health Department
Howard Leibrand M.D., Health Officer

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