

Return Address:

Robyn L Brown  
1551 Barrell Springs Rd  
Bellingham, wa 98229



201610180040

Skagit County Auditor \$78.00  
10/18/2016 Page 1 of 6 1:27PM

**AFFIDAVIT (LACK OF PROBATE)**

Sharon R. Anthony, being first duly sworn, deposes and says:

The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is Robyn L Brown surviving spouse (relationship to decedent) of Keith C. Brown (decedent), who died on (date) February 8th 2016, at

Bellingham Skagit Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: PM of SW 1/4 of NE 1/4, 12-36-3 E.W.M.

Assessor's Property Tax Parcel/Account Number: 47767  
(Attach full legal description of the property)

- 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)

(Page 1 of \_\_\_\_\_)

Robyn L. Brawnd , 50 yrs. wife , 1551 Barrell Springs

Rd Bellingham, wa 98229

*Full name, age, relationship, address*

Robert E. Smith , 85 yrs Father-in-Law, 1551

Barrell Springs Rd B'ham, WA 98229

*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*

UNOFFICIAL DOCUMENT

Dated: October 18<sup>th</sup> 2016

Robyn Lynn Brown  
Affiant's full name

1-360-724-4410  
Telephone number

1551 Barrell Springs Rd  
Street

Bellingham Washington 98229  
City State Zip Code

Robyn L. Brown October 18<sup>th</sup> 2016  
Signature Date

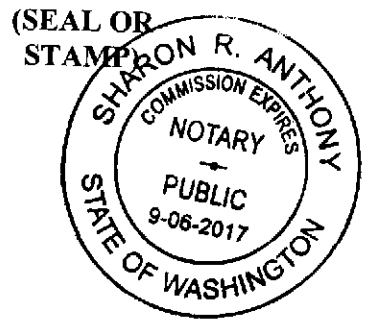
State of \_\_\_\_\_ County of \_\_\_\_\_

I know or have satisfactory evidence that Robyn L. Brown  
(name of person)

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: 10/18/16

Sharon R. Anthony  
Signature of Notary Public



Residing at: Mount Vernon WA

Notary Public in and for the State of WA

My appointment expires: 9/6/2017

AFTER RECORDING MAIL TO:  
Mr. and Mrs. Keith C. Brown  
2904 NE 200th Street  
Shoreline, WA 98155

200412300018  
Skagit County Auditor

12/30/2004 Page 1 of 1 8:54AM

Filed for Record at Request of  
Land Title Company of Skagit  
Escrow Number: 114287-PE

LAND TITLE OF SKAGIT COUNTY

### Statutory Warranty Deed

Grantor(s): Robert E. Smith, as successor trustee of the The Smith Family Revocable Living Trust,  
dated April 17, 1998

Grantee(s): Keith C. Brown and Robyn L. Brown

Abbreviated Legal: Ptn of SW 1/4 of NE 1/4, 12-36-3 E.W.M.

Assessor's Tax Parcel Number(s): 360312-0-001-0200, P111168, 360312-0-001-0117, P47767

THE GRANTOR ROBERT E. SMITH, AS SUCCESSOR TRUSTEE OF THE SMITH FAMILY REVOCABLE LIVING TRUST, DATED APRIL 17, 1998 for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to ROBERT E. SMITH, a single man, as to a life estate; and KEITH C. BROWN and ROBYN L. BROWN, husband and wife, as to the remainder the following described real estate, situated in the County of Skagit, State of Washington.

The West 245 feet of that portion of the Southwest 1/4 of the Northeast 1/4 of Section 12, Township 36 North, Range 3 East, W.M., lying Southerly of the as built and existing County road commonly known as Barrell Springs Road.

TOGETHER WITH THAT CERTAIN 1980 70/14 OLYMPIA MOBILE HOME VIN# 16611

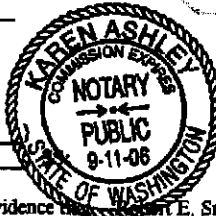
Situate in the County of Skagit, State of Washington.

Dated December 20, 2004

ROBERT C. SMITH, AS SUCCESSOR TRUSTEE  
OF THE SMITH FAMILY REVOCABLE LIVING  
TRUST, DATED APRIL 17, 1998

[Signature]  
By: Robert E. Smith, Trustee

6987  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
DEC 30 2004  
Amount Paid \$ 2670.00  
By Skagit Co. Treasurer Deputy



STATE OF Washington  
County of Skagit

I certify that I know or have satisfactory evidence that Robert E. Smith  
signed this instrument, on oath stated He is  
that

authorized to execute the instrument and acknowledged it as the Successor Trustee  
of The Smith Family Revocable Living Trust to be the free and voluntary act of such  
party for the uses and purposes mentioned in this instrument.

Dated: December 20th 2004

Karen Ashley  
Notary Public in and for the State of Washington  
Residing at Sedro-Woolley  
My appointment expires: September 11, 2006

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-005464

DATE ISSUED: 02/11/2016

FEE NUMBER: 000000037

GIVEN NAMES: KEITH CLAYTON  
LAST NAME: BROWN

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: FEBRUARY 08, 2016  
HOUR OF DEATH: 03:45 P.M.  
SEX: MALE  
AGE: 54 YEARS

PLACE OF DEATH: HOSPICE FACILITY  
FACILITY OR ADDRESS: WHATCOM HOSPICE HOUSE  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1551 BARRELL SPRINGS RD.  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229  
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: BALTIMORE, MARYLAND

FATHER/PARENT: CLAYTON S BROWN  
MOTHER/PARENT: BARBARA ANN [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: ROBYN L. SMITH

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM  
CITY, STATE: BLAINE, WA  
DISPOSITION DATE: FEBRUARY 15, 2016

OCCUPATION: ENGINEER  
INDUSTRY: STEAM PLANT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? YES

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL  
ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM WA 98226  
FUNERAL DIRECTOR: TIM D. POWELL

INFORMANT: ROBYN BROWN  
RELATIONSHIP: SPOUSE  
ADDRESS: 1551 BARRELL SPRINGS RD., BELLINGHAM, WA, 98229

CAUSE OF DEATH:  
A. ALCOHOLIC HEPATITIS  
INTERVAL: YEARS  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
COAGULOPATHY, ANEMIA OF CHRONIC DISEASE

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

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: THERESE A. LANDRY, ARNP  
TITLE: ARNP  
CERTIFIER  
ADDRESS: 2806 DOUGLAS  
CITY, STATE, ZIP: BELLINGHAM WA 98225  
DATE SIGNED: FEBRUARY 09, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
JESSIE THOMSON  
DATE RECEIVED: FEBRUARY 10, 2016

NUMBER(S): NONE  
DATE(S): NONE



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47014  
Olympia, WA 98504-7814  
360-236-4300

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

## STATE OFFICE USE ONLY

Fee Number	Initials	Date	Affidavit Number
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(Required) Information must match current information on record

Birth    
  Death    
  Marriage    
  Dissolution (Divorce)

1. Date of Event

2. Place of event:

1. Relationship (if not a Marriage or Dissolution) 2. Without Parent Full Birth Name (Spouse 3 or Marriage or Dissolution)

Relationship to Person on Record:  Self     Spouse     Informant     Hospital  
 Parents     Other (Specify)

Email Address

If you are correcting information on the record, the record is incorrect or incomplete as follows:

1. The true fact is:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

I, the undersigned, being a resident of the State of Washington, do hereby certify that the foregoing is true and correct.

16b. Signature (Print name of signer)

Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

For more information go to [www.sch.wa.gov](http://www.sch.wa.gov) for more information.

Decorative birth certificates cannot be used as proof.

Examples of documentary proof include:

- General transcripts
- Social Security Number Report
- Hospital medical record
- Washington Resident card (I-551)

1. Only persons age 18 or older in the birth under 16, or the named individual (if 18 or older) may change the birth certificate.
2. The person must have a legal interest in the record. 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. The affidavit must be signed by someone 18 years old or established within five years of birth.
  - Adult 18 years or older
  - Child 16-17 years old, with the other birth certificate
  - If the other 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
4. To change the name of a child under 16, or to change the name of a parent, you must provide proof of the name change.
  - If the name change is a legal name change, you must provide proof of the name change.
  - If the name change is a common-law name change, you must provide proof of the name change.
5. To correct parent's name, one documentary proof is required.
6. To correct parent's birth date, place of birth, or name, one documentary proof is required.

If you are correcting information on the record, the record is incorrect or incomplete as follows:

1. \_\_\_\_\_

If you are correcting information on the record, the record is incorrect or incomplete as follows:

1. \_\_\_\_\_

FEB 11 2016

