



201612140094

Return Address:

06924 Burmaster Road  
Sedro Woolley  
WA 98284

**AFFIDAVIT (LACK OF PROBATE)**

Patricia h. Greenfell, 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 wife (relationship to decedent) of James Elton Greenfell (decedent), who died on (date) April 28, 2016, at Sedro-Woolley Skagit WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 17, Elm Haven Estates,  
AFN # 200208060083, Skagit Co, WA

Assessor's Property Tax Parcel/Account Number: P119396  
(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)

Patricia L. Grenfell 76 years old Wife

26924 Burmaster Road Sedro Woolley WA 98284

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

Full name, age, relationship, address

UNOFFICIAL DOCUMENT

Dated: December 14, 2016

Patricia L. Grenfell

Affiant's full name

(360) 856-2376

Telephone number:

26924 Burmaster Road

Sedro Woolley WA 98284

City

State

Zip Code

Patricia L. Grenfell  
Signature

December 14, 2016  
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Patricia L. Grenfell  
(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: 12, 14, 2016

[Signature]

Signature of Notary Public

(SEAL OR STAMP)

MELISSA A. KRISTOFFERSON  
STATE OF WASHINGTON  
NOTARY PUBLIC  
MY COMMISSION EXPIRES  
02-04-20

Residing at: Burlington

Notary Public in and for the State of Washington

My appointment expires: 2/4/2020

**This form is an example of an affidavit that can be used, however it may not fulfill all needs and other versions are acceptable. Please see full text of bill below.**

- (1) In order to receive an exemption under RCW 82.45.010(3)(a) from the tax in this chapter on real property transferred as a result of a devise by will or inheritance the following documentation must be provided to the county treasurer:
- (a) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
  - (b) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of that portion of the trust instrument showing the authority of the grantor;
  - (c) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator;
  - (d) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate;
  - (e) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
  - (f) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property;
  - (g) If the real property is transferred to one or more heirs by operation of law, or transferred under a will that has not been probated, but absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit affirming that the affiant or affiants are the sole and rightful heirs to the property;
  - (h) When real property is transferred as described in (g) of this subsection (1) and the decedent-transferor had also inherited the property from his or her spouse or domestic partner but never transferred title to the property into the decedent-transferor's name, the transferee or transferees must provide: (i) A certified copy of the death certificates for the decedent-transferor and the spouse or domestic partner from whom the decedent-transferor inherited the real property; and (ii) a lack of probate affidavit affirming that the affiant or affiants are the rightful heirs to the property; or
  - (i) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate.
- (2) The documentation provided to the county treasurer under this section must also be recorded with the county auditor.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
- (a) "Heir" has the same meaning as provided in RCW 11.02.005;
  - (b) "Lack of probate affidavit" means a signed and notarized document declaring that the affiant or affiants are the rightful heir or heirs to the property and containing the following information:
    - (i) The names of the affiant or affiants;
    - (ii) The relationship of the affiant or affiants to the decedent;
    - (iii) The names of all other heirs of the decedent living at the time of the decedent's death;
    - (iv) A description of the real property;
    - (v) Whether the decedent left a will that includes a devise of real property; and
    - (vi) Any other information the department may require.

**Print as many page two's as you need to account for all Heirs.**

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-018284

DATE ISSUED: 12/12/2016

FEE NUMBER: 000000029

GIVEN NAMES: JAMES ELTON  
LAST NAME: GRENFELL

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 28, 2016  
HOUR OF DEATH: UNKNOWN  
SEX: MALE  
AGE: 83 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 26924 BURMASTER RD.  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 26924 BURMASTER RD.  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 37 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER/PARENT: JOHN GRENFELL  
MOTHER/PARENT: EVELYN [REDACTED]

BIRTHDATE: [REDACTED]  
BIRTHPLACE: JAMAICA, NEW YORK

MARITAL STATUS: MARRIED  
SPOUSE: PATRICIA LANT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT  
CITY, STATE, ZIP: MOUNT VERNON, WA  
DISPOSITION DATE: MAY 04, 2016

OCCUPATION: BAKER  
INDUSTRY: BAKERY  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? YES

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

INFORMANT: PATRICIA GRENFELL  
RELATIONSHIP: WIFE  
ADDRESS: 26924 BURMASTER RD. SEDRO WOOLLEY WA 98284

CAUSE OF DEATH:

A. BLUNT FORCE TRAUMA TO THE HEAD  
INTERVAL: MINUTES

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: APRIL 28, 2016  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK? NO  
PLACE OF INJURY: FARM FIELD

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

LOCATION OF INJURY: 26294 BURMASTER RD

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
COUNTY: SKAGIT

ME/CORONER: ORLAND D. FREEMAN  
TITLE: CORONER  
ME/CORONER  
ADDRESS: 116 S. 11TH ST  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: MAY 03, 2016

DESCRIBE HOW INJURY OCCURRED:  
WHILE CONNECTING IMPLEMENT TO TRACTOR THE TRACTOR  
WAS IN GEAR KNOCKING HIM TO THE GROUND AND RAN  
OVER HIM

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
UNKNOWN

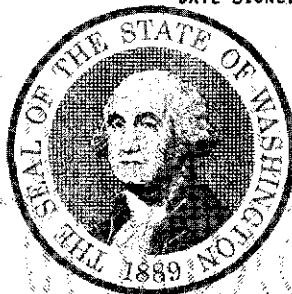
CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 086-18

ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: MAY 04, 2016

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





# Affidavit for Correction

Mail to: Center for Health 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
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**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 Legal 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 or Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify): \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ e-mail 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: \_\_\_\_\_ (6a. Signature of 2<sup>nd</sup> parent, (if required): \_\_\_\_\_)

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

**INSTRUCTIONS** go to \_\_\_\_\_ for more information

Driver's license, Social Security card or hospital declarative 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 (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.

**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, 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 DOH 422-032)

**Death Certificates**

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is present) 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). The informant may change marital status with proof. 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.

**\*CERTIFIED\***

DEC 12 2016

*Howard Leibrand*

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

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