



201703140016

Skagit County Auditor \$82.00  
3/14/2017 Page 1 of 10 10:22AM

RETURN TO:

Patrick M. Hayden  
P.O. Box 454  
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

Affidavit of Heir for No-Probate of Will – Termination of Life Estate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

AF #200108240012 and AF #200009200009

GRANTOR(S) (Last name, first name and initials):

1. Crisp, Carl
2. State of Washington

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2017957  
MAR 14 2017

GRANTEE(S) (Last name, first name and initials):

1. Crisp-Russell, Cynthia
- 2.

Amount Paid \$0  
Skagit Co. Treasurer  
By *HAM* Deputy

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

**Life Estate in portion of Lots 40 and 41, PLAT OF CHEASTYS BIG LAKE TRACTS, SKAGIT COUNTY, WASHINGTON**

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

**Tax Parcel No. 3882-000-041-0107/P107604 & 3882-000-041-0008/P64434**

**Affidavit of Heir for No-Probate of Will – Termination of Life Estate**


Cynthia Crisp-Russell, being first duly sworn upon oath, deposes and says:

1. **Status.** I am Cynthia Crisp-Russell, the daughter of Carl Crisp, who died on February 11, 2017, a resident of Skagit County, Washington. A copy of his Death Certificate is attached as **Exhibit A**. He was predeceased by his wife, Grace Crisp, who died on December 14, 2011. See Skagit County AF#201202150074.
2. **Real Property.** The decedents, Carl and Grace Crisp, retained a life-estate in real property described in a deed recorded in Skagit County Auditor's File No. 200009200009 and 200108240012, being a portion of Lots 40 and 41, PLAT OF CHEASTY'S BIG LAKE TRACTS, SKAGIT COUNTY, WASHINGTON (3882-000-041-0107/P107604 and 3882-000-041-0008/P64434). By virtue of the death of Carl Crisp and Grace Crisp, the life estate in the above-referenced real property is terminated, and the right, title and interest in the property passes to Cynthia Crisp-Russell.
3. **Decedent's Will and Probate.** Carl Crisp left a Last Will and Testament, which is filed as a no-probate Will in Skagit County Cause No. 17-4-00078-7. A copy is attached hereto as **Exhibit B**.
4. **Decedent's Debts and Exhibits.** All of the debts and expenses (including last illness, funeral, and burial) of decedent have been paid or provided for, excluding real estate security interests.
5. **Estate Tax.** Decedent's estate is not liable for state or federal estate or inheritance tax.
6. **Medical Care Reimbursement.** Decedent's estate is not liable for repayment of subsistence or medical care to the State of Washington.

DATED: March 8, 2017.

  
Cynthia Crisp-Russell

SUBSCRIBED AND SWORN to before me this 8 day of March, 2017.

  
NOTARY PUBLIC in and for the State of  
Washington, residing at Sedro-Woolley  
My Commission expires: 4-27-2017.  
Print Name: Patrick M. Hayden.

UNOFFICIAL DOCUMENT

Exhibit A

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-007827

DATE ISSUED: 02/17/2017

FEE NUMBER: 000000029

GIVEN NAMES: CARL  
LAST NAME: CRISP

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 11, 2017  
HOUR OF DEATH: UNKNOWN  
SEX: MALE  
AGE: 94 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 17381 LAKEVIEW BLVD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 17381 LAKEVIEW BLVD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 65 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER/PARENT: FRED CRISP  
MOTHER/PARENT: IDA [REDACTED]

BIRTHDATE: [REDACTED]  
BIRTHPLACE: BIG LAKE, SKAGIT CNTY, WASHINGTON

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: FEBRUARY 18, 2017

MARITAL STATUS: WIDOWED  
SPOUSE:

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON WA 98273  
FUNERAL DIRECTOR: RODGER L. TRUAX

OCCUPATION: BOILERMAKER  
INDUSTRY: CONSTRUCTION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: CYNDI RUSSELL  
RELATIONSHIP: DAUGHTER  
ADDRESS: PO BOX 1028 GIRDWOOD, ALASKA 99587

- CAUSE OF DEATH:
- A. CONGESTIVE HEART FAILURE  
INTERVAL: 6 DAYS
  - B. INFLUENZA/PNEUMONIA  
INTERVAL: 8 DAYS
  - C. CORONARY ARTERY DISEASE  
INTERVAL: 23 YEARS
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
CHRONIC ATRIAL FIBRILLATION, HYPERTENSION, HYPERLIPIDEMIA

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? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

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

CERTIFIER NAME: OSCAR BRISENO JR. MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 307 S. 13TH STREET STE 300  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: FEBRUARY 16, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: FEBRUARY 16, 2017

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 forgoing is true and correct

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

### INSTRUCTIONS - go to [www.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

#### 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 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). 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.

DOH 422-030 October 2015



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

GG00356910

UNOFFICIAL DOCUMENT

Exhibit B

FILED  
SKAGIT COUNTY CLERK  
SKAGIT COUNTY, WA

2017 FEB 21 PM 1:19

# Last Will and Testament of

Carl Crisp **17 '4 00078 7**

I, Carl Crisp, declare this to be my Last Will and Testament, and hereby revoke all prior Wills and Codicils.

## ARTICLE 1. FAMILY; GUARDIAN

I am a widower. My immediate family consists of my five adult children, namely: Nancy Crisp, Cyndi Russell, Joli Tewalt, John Crisp, and Vicky Park, and my step-son, Pat Wardell. The provisions of this Will shall not only apply to my children named above and their issue, but also to all my children who may hereafter be born to or adopted by me, and to their issue. Except as herein provided, it is my intention to leave nothing to my children or their issue.

## ARTICLE 2. PERSONAL REPRESENTATIVE

2.1 Designation. I appoint my daughter, Cyndi Russell, as my Personal Representative. If she at any time declines, fails, or is unable to act as my Personal Representative, I appoint my daughter, Joli Tewalt, as my personal representative.

2.2 Bond Waiver; Powers. No bond, surety, or other security shall be required of my Personal Representative in any jurisdiction for any purpose. My Personal Representative shall have unrestricted nonintervention powers to settle my estate in the manner set forth in this Will. Furthermore, my Personal Representative shall have full power, authority and discretion to do all that my Personal Representative thinks necessary or desirable in administration of my estate, including authority to:

- a. make interim distributions of principal and income to those who are to receive the principal and the income;
- b. sell, lease, exchange, mortgage, pledge, or assign all or any part of the property of my estate for any purpose which my Personal Representative thinks is in the best interests of my estate, whether or not it is necessary in order to pay debts, taxes, or expenses of administration.
- c. invest and reinvest property that is not specifically given, in any form of investment that my Personal Representative thinks advisable; and

Testator's Initials: CC  
Dated: 2/8/12

Witness Initials: PHH  
Witness Initials: BJ

COPY

UNOFFICIAL DOCUMENT

d. continue to operate any business or business properties in which I have an interest at the time of my death and, in so doing, delegate discretionary as well as administrative powers.

e. make non-pro rata distributions to beneficiaries who are entitled to share in any portion of my estate.

2.3 Taxes From Residue. I direct that all estate, inheritance, and other taxes imposed by reason of my death, and interest and penalties on those taxes, shall be paid by my Personal Representative out of the residue of my estate. This direction shall apply to all such taxes attributable to all property of my estate, even though some property does not pass under my Will or is not a part of the residue of my estate.

ARTICLE 3. DISPOSITION OF PROPERTY

3.1 Personal Property List. I may prepare a list of personal property and directions as to how the same should be distributed. I hereby incorporate into this will any list which now exists or which may hereafter be prepared by me pursuant to RCW 11.12.260 and any other applicable law.

3.2 Provision for Children. I give, devise, and bequeath all of the rest residue and remainder of my property, both real and personal, and wheresoever situated to those of my children and step-son named above, whom survive me, and to the then living descendants of any deceased child or step-son of mine; surviving children and step-son of mine to share equally and descendants of deceased children or step-son to take the share that deceased parent would have taken had he or she survived, per stirpes.

\*\*\*\*\*

I have initialed for identification purposes all pages of this Will, and have executed the entire instrument by signing this page on this 8 day of February, 2012, at Sedro-Woolley, Skagit County, Washington.

Carl Crisp  
Carl Crisp

Testator's Initials: CC  
Dated: 2/8/12

Witness Initials: PMH  
Witness Initials: BJ



ATTESTATION

The foregoing instrument, consisting of three (3) typewritten pages, of which this is the last, was at the date thereof by Carl Crisp, the testator named therein, signed, sealed and published as, and declared by him to be his Last Will and Testament, in the presence of us, who at his request and in his presence, and in the presence of each other, and who being of the opinion that he, at the time of executing this Will, was of sound mind and memory, and was not acting under duress, menace, fraud or undue influence of any person, having subscribed our names thereto.

Stephen Johnson  
Witness

[Signature]  
Witness

Cancrete, WA  
Address

Sedro-Woolley WA  
Address

Testator's Initials: C. Crisp  
Dated: 2/8/12

Witness Initials: [Signature]  
Witness Initials: [Signature]

**AFFIDAVIT OF SUBSCRIBING WITNESSES TO THE WILL**  
**of**  
**CARL CRISP**

STATE OF WASHINGTON )

COUNTY OF SKAGIT )

Each of the undersigned, being first duly sworn upon oath, deposes and says:

I am a resident of the State of Washington, and am of full legal age. I am personally acquainted with the above-named testator, and make this Affidavit at their request. I am competent to be a witness in a court of law respecting the execution of this will and its admission to probate.

I am one of the subscribing witnesses to the foregoing Will. The said instrument was signed and executed by the said testator at Sedro-Woolley, in Skagit County, Washington, on the date it bears, in my presence, and the said testator thereupon published the said instrument as, and declared the same to be, their Last Will and Testament, and requested me, in attestation thereof, to subscribe my name as a witness thereto.

I then and there, in the presence of the said testator, subscribed my name as a witness to the said instrument.

At the time of executing said instrument, the said testator was over the age of eighteen, and was of sound and disposing mind, and not acting under duress, menace, fraud, undue influence or misrepresentation, and was in all respects legally competent and qualified to make a Will.

This affidavit is made and declared to be true under penalty of perjury pursuant to the laws of the State of Washington, this 18 day of February 2012, at Sedro-Woolley, Skagit County, Washington.

Stephen Zerkow  
Witness

Concrete, WA  
Address

Robert McLeff  
Witness

Sedro-Woolley WA  
Address