

After recording, return to:
Janine Holt
Janine M. Holts Personal Representative for the
Estate of Harry J. Hill
31327 68th Ave NW
Stanwood, WA 98292



Skagit County Auditor \$110.00
4/28/2017 Page 1 of 5 3:53PM

CHICAGO TITLE
02003042-1

Grantor (Name of Decedent): Jennette L. Hill
Grantee (Heirs): Janine M. Holt, Gregory A. Hill
Abbreviated Legal Description: Lot(s) 26 ROLLING RIDGE ESTATES NO. 1
Tax Parcel No.(s): P68571 / 3987-000-026-0001

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

Death Certificate

STATE OF WASHINGTON

COUNTY OF Skagit

The undersigned, Janine M. Holt, executes this affidavit relating to the estate of Jennette L. Hill (herein "Decedent"), who died on 6/11/2015 in the County of Skagit, State of WA, then being a resident of the City of Edmond, County of Skagit, State of WA.

(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.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20171817
APR 28 2017

Printed 03.23.17 @ 04:27 PM by DLG
WA-CT-FNRV-02150.620019-620030421

Amount Paid \$0
Skagit Co. Treasurer
By nlm Deputy

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: Janine M. Holt

Name and relationship: Gregory A. Hill

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 26, ROLLING RIDGE ESTATES NO. 1, as per plat recorded in Volume 9 of Plats, pages 4 and 5, records of Skagit County, Washington.

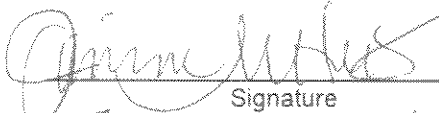
Situated in Skagit County, Washington

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.


Signature

4/26/2017
Date

Janine M. Holt
Print Name

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

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 20th April 2017 by Jamie M Holt
(name of person making statement).



Name: Deanna Guile
Notary Public in and for the State of
Washington,
Residing at: Warysville
My appointment expires: 4/4/2018

STATE OF WASHINGTON DEPARTMENT OF HEALTH

5 65357

Local File Number **455-05** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix JENNETTE LOIS HILL				2. Death Date Jun 11, 2005	
3. Sex (M/F) Female	4a. Age - Last Birthday 58	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Visalia	8b. (State or Foreign Country) California		9. Decedent's Education Some College - No Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 524 SE 5 th St.) (Include Apt. No.) 10198 Cummings Drive				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98284
14. Estimated length of time at residence 2 1/2 months		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Harry Hill	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Office Manager/Bookkeeper				18. Kind of Business/Industry (Do not use Company Name) Computer Co.	
19. Father's Name (First, Middle, Last, Suffix) James Eli Thomas			20. Mother's Name Before First Marriage (First, Middle, Last) Eleanor [REDACTED]		
21. Informant's Name Harry Hill		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD box City or Town State Zip 10198 Cummings Drive Sedro-Woolley, WA 98284	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) United General Hospital			25a. City, Town, or Location of Death Sedro-Woolley		25b. State WA
26. Zip Code 98284		27. Method of Disposition Burial		28. Place of Final Disposition (Name of cemetery, crematory, other place) Green Hills Cemetery	
29. Location-City/Town, and State Burlington, Washington				30. Name and Complete Address of Funeral Facility Lemley Chapel Inc, 1008 Third St Sedro-Woolley, WA 98284	
31. Date of Disposition June 16, 2005				32. Funeral Director Signature <i>[Signature]</i>	

Cause of Death (See instructions and examples)					
34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC CANCER OF CERVIX UTERI				Interval between Onset & Death one year	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				Interval between Onset & Death	
b. _____ Due to (or as a consequence of):				Interval between Onset & Death	
c. _____ Due to (or as a consequence of):				Interval between Onset & Death	
d. _____ Due to (or as a consequence of):				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above:				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
42. Date of Injury (MM/DD/YYYY):		43. Hour of Injury (24hrs):		44. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
45. Location of Injury: Number & Street City or Town County State Zip Code + 4				46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician (To the best of my knowledge, I certify that the cause, date and place of death are due to the cause(s) and manner stated) x AMR GAFFAR	
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at this time, date, and place, and due to the cause(s) and manner stated x				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) AMR GAFFAR, MD 3000 HOSPITAL DR, SEDRO-WOOLLEY, WA	
50. Name and Title of Attending Physician (if other than Certifier) (Type or Print) HOUSHANG SHETABI, MD				51. Hour of Death (24hrs): 2135 hrs	
52. Title of Certifier Physician				53. Date Signed (MM/DD/YYYY) June 13, 2005	
54. License Number MD 000 22401		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature x Connie Anderson, Deputy				58. Date Received (MM/DD/YYYY) JUN 13 2005	
59. Amendments					



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

Required	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 nd 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

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (18 or older) may change the birth certificate.
 - 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.
 - Documentary proof must be five or more years old or established within five years of birth.
- | | |
|---|--|
| <p>Child under 18</p> <ul style="list-style-type: none"> • 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 | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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 422-004 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of
Christie Spice, State Registrar

Christie Spice

