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201812030169

12/03/2018 11:59 AM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

DOCUMENT TITLE(S): Affidavit in Support of Surviving Spouse and
Claim of Exemption Based Upon Inheritance of
Real Estate.

REFERENCE NUMBER(S): N/A

GRANTOR: Paul F. Peterson, II

GRANTEE: Public

LEGAL DESCRIPTION:

Lot 25, "PLAT OF HORIZON HEIGHTS DIVISION NO. III", as per plat filed in
Volume 16 of Plats, Pages 60 and 61, records of Skagit County, Washington.

ASSESSOR PARCEL / TAX ID NUMBER: 4656-000-025-0000 (P108380)

**AFFIDAVIT OF SURVIVING SPOUSE
FOR LACK OF PROBATE AND
CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

PAUL F. PETERSON, II, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of JANICE E. PETERSON, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property located in Skagit County, Washington:

Assessor's Parcel No: 4656-000-025-0000 (P108380)

Lot 25, "PLAT OF HORIZON HEIGHTS DIVISION NO. III", as per plat filed in Volume 16 of Plats, Pages 60 and 61, records of Skagit County, Washington.

SECOND, I am the surviving spouse of JANICE E. PETERSON and we owned this property as husband and wife.

THIRD, that said Decedent passed away on July 6, 2018 in Whatcom County, State of Washington. Death Certificate attached as Exhibit "A", incorporated herein by this reference.

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
PAUL F. PETERSON, II 3309 G Avenue Anacortes, WA 98221	Spouse	Legal
ELIZABETH R. LAW 8110 E. Elde Drive Spokane, WA 98212	Daughter	Legal
PAMELA J. SCOTT 8008 - 122nd Avenue SE Newcastle, WA 98056	Daughter	Legal

EIGHTH, I PAUL F. PETERSON, II, affirm that I am the sole and rightful heir to the property legally described above.

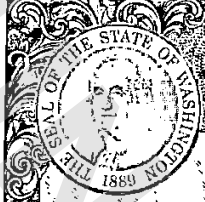
NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to RCW 458-61A-202(6)(h).

DATED this 26th day of November, 2018.



PAUL F. PETERSON, II

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-029671

DATE ISSUED: 07/10/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JANICE ELIZABETH
LAST NAME(S): PETERSON

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: JULY 06, 2018
HOUR OF DEATH: 12:09 AM
SEX: FEMALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

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

RESIDENCE STREET: 3309 G AVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: TACOMA, WA

FATHER/PARENT: ELMER LEONARD PETERSON
MOTHER/PARENT: GLADYS ELIZABETH [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: PAUL FRENCH PETERSON II

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: OFFICE MANAGER
INDUSTRY: AUTO PARTS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JULY 09, 2018

INFORMANT: PAUL PETERSON
RELATIONSHIP: HUSBAND
ADDRESS: 3309 G AVE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

CAUSE OF DEATH:
A: PNEUMOCYSTIS CARINI PNEUMONIA PNEUMONIA
INTERVAL: 14-21 DAYS
B: IMMUNOSUPPRESSED STATE
INTERVAL: 1-2 MONTHS
C:
INTERVAL:
D:
INTERVAL:

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOHN HAAS

OTHER CONDITIONS CONTRIBUTING TO DEATH: METHOTREXATE INDUCED LUNG TOXICITY

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

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

CERTIFIER NAME: GUR RAJ DEOL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #140
CITY, STATE, ZIP: BELLINGHAM, WA 98225
DATE SIGNED: JULY 06, 2018

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA 121-18
ATTENDING PHYSICIAN: GUR RAJ DEOL, MD

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LEAH DEVRIES
DATE RECEIVED: JULY 09, 2018



Affidavit for Correction

201812030169

Mailed to: Center for Health Statistics
12/03/2018 11:59 AM Page 6 of 6
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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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:
P.O. Box or Street Address City State Zip

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:	Printed name:
Date:	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 (if 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.

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

- 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 422-034 October 2015

CERTIFIED

JUL 10 2018

Howard Leibrand

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



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



0 1 8 0 6 6 5 9