

201812140119

12/14/2018 03:50 PM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington
County of Skagit

GUARDIAN NORTHWEST TITLE CO.

Name of deceased: Delano D. Learned

M10219

I, Beverly Learned affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) P68641 3989-001-013-0200

SEE ATTACHED EXHIBIT "A",

Abbreviated Legal Description: Ptn. Tract 13, "L.W.L. Co's Samish River Acreage
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the Plat #1
foregoing is true and correct.

Signed this 7 day of 12, 2018 at Burlington WA
(month) (year) (city) (state)

Beverly Learned
(Signature of surviving spouse or registered domestic partner)

Beverly Learned
(Printed name of surviving spouse or registered domestic partner)

9475 Chuckanut Dr. Burlington WA 98233
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See RCW 82.45.197 on page 2 for statutory requirements.

RCW 82.45.197**Exemptions - Inheritance - Documents required.**

In order to receive an exemption from the tax in this chapter on real property transferred as a result under RCW 82.45.010(3)(a), the following documentation must be provided:

- (1) 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;
- (2) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of the trust instrument showing the authority of the grantor;
- (3) If the property is being transferred under the terms 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, and a certified copy of the death certificate;
- (4) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate is recorded to perfect title;
- (5) 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;
- (6) 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 subsections (1) through (5) of this section, a certified copy of the death certificate and a signed affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property; or
- (7) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate is recorded to perfect title.

For tax assistance or to inquire about the availability of this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

Exhibit A to AFFIDAVIT (LACK OF PROBATE)

The Decedent Left:

No Community Property Agreement, OR

A will which is being/was probated in _____ County, Washington
as Superior Court Cause No. _____

The affiant declares that on date of death the total value of decedent's entire Estate was approximately \$ 375,000 of which approximately \$ _____ was the separate property of the decedent.

The affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None OR those shown on an attachment hereto

The affiant makes this affidavit to induce First American Title Insurance Company, Stewart Title Guaranty Company and Guardian Northwest Title and Escrow Company to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold said title insurance companies harmless from all loss or damage, including attorney fees, which they may suffer as a result of said reliance.

Affiant. Beverly Learned

Exhibit A
Legal description

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

That portion of Tract 13 of "L.W.L. CO'S SAMISH RIVER ACREAGE, PLAT NO. 1", according to the plat recorded in Volume 3 of Plats, page 69, records of Skagit County, Washington, described as follows:

Beginning at the Southeast corner of said Tract 13, which point bears North 3°22'50" West a distance of 33.11 feet from the Southeast corner of the Northwest ¼ of Section 24, Township 35 North, Range 3 East, W.M.; thence North 3°22'50" West along the East line of said Tract 13, a distance of 183.50 feet; thence South 43°54'39" West a distance of 222.37 feet to a point on the Northeasterly right-of-way line of that triangular parcel of land deeded by Curtis H. Smith, a bachelor, to Skagit County, as a Right of Way Deed for that County road then designated as the Pulver Road, by that instrument dated September 28, 1927 and recorded September 28, 1927 in Volume 144 of Deeds, page 401, under Auditor's File No. 207489; thence South 68°53'06" East along said Northeasterly right-of-way line of that triangular parcel of land deeded by Curtis H. Smith to Skagit County by that instrument recorded under Auditor's File No. 207489, a distance of 57.30 feet to a point on the South line of said Tract 13; thence South 88°47'45" East along the South line of said Tract 13, a distance of 111.63 feet to the point of beginning.

STATE OF WASHINGTON

ss.

COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that BEVERLY LEARNED (is/are) the person(s) who appeared before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated:

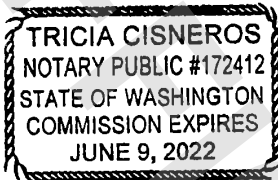
Tricia Cisneros

Notary name printed or typed: *TRICIA CISNEROS*

Notary Public in and for the State of Washington

Residing at *Burlington WA*

My appointment expires: *6-9-22*



UNOFFICIAL DRAFT DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

of 7

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-040891

DATE ISSUED: 09/20/2018
FEE NUMBER: 310918

FIRST AND MIDDLE NAME(S): DELANO DALE
LAST NAME(S): LEARNED

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 13, 2018
HOUR OF DEATH: 04:20 PM
SEX: MALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 9475 CHUCKANUT DR
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 9475 CHUCKANUT DR
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 48 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: LEOLA, SD

FATHER/PARENT: WILLIAM FRANK LEARNED
MOTHER/PARENT: ESTHER MAR [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: BEVERLY ANNE GORMAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

OCCUPATION: CARPENTER
INDUSTRY: CONSTRUCTION
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 20, 2018

INFORMANT: BEVERLY ANNE LEARNED
RELATIONSHIP: WIFE
ADDRESS: 9475 CHUCKANUT DR., BURLINGTON, WA 98233

FUNERAL FACILITY: FUNERAL & CREMATION CARE

ADDRESS: 1400 112TH AVE SE
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:
A: NON-SMALL CELL LUNG CANCER
INTERVAL: 4 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MALIGNANT PLEURAL EFFUSION

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: SEPTEMBER 20, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: SEPTEMBER 20, 2018



Affidavit for Correction 201812140119

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	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 foregoing is true and correct

16a. Signature: 16b. Signature of 2nd 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

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)

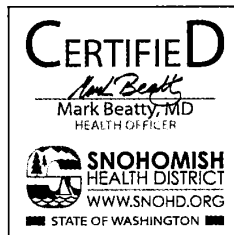
Death Certificates

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 422-034 October 2015



RECEIVED

OCT 22 2018

LifeMap



0 2 4 7 2 9 1 3

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