



201908270073

08/27/2019 03:03 PM Pages: 1 of 6 Fees: \$158.50  
Skagit County Auditor

Document Title: Lack of Probate

Reference Number :

Grantor(s):  additional grantor names on page \_\_\_

1. Cynthia Ann Vance

2.

Grantee(s):  additional grantee names on page \_\_\_

1. USAA Federal Saving Bank

2. Trustee: First American Title Insurance Co

Abbreviated legal description:  full legal on page(s) \_\_\_

Lot 1 and 2 Block 119, "City of Anacortes" according to the recorded plat thereof, in the office of the Auditor of Skagit Ctx, WA in Volume 2 of Plats, Page 4

Assessor Parcel / Tax ID Number:  additional tax parcel number(s) on page \_\_\_

p55758

I, Caroline Luxern, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$103.50 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Caroline Luxern Dated 8-27-19



k

**RETURN DOCUMENT TO:**

Service Link

1355 Cherrington Pkwy

Moon Township, PA 15108

*Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047*

<b>DOCUMENT TITLE(S):</b> Lack of Probate Affidavit
<b>AUDITOR FILE NUMBER &amp; VOL. &amp; PG. NUMBERS OF DOCUMENT(S) BEING ASSIGNED OR RELEASED:</b> Additional reference numbers can be found on page _____ of document.
<b>GRANTOR(S):</b> Cynthia Ann Vance Additional grantor(s) can be found on page _____ of document.
<b>GRANTEE(S):</b> USAA Federal Savings Bank Trustee as First American Title Insurance Company Additional grantee(s) can be found on page _____ of document.
<b>ABBREVIATED LEGAL DESCRIPTION:</b> Situated in the County of Skagit and State of Washington Lots 1 and 2, Block 119, "City of Anacortes", according to the recorded Plat thereof in the office of the Auditor of Skagit County, Washington, in Volume 2 of Plats, page 4. Additional legal(s) can be found on page _____ of document.
<b>ASSESSOR'S 16-DIGIT PARCEL NUMBER:</b> P55758 Additional numbers can be found on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

Return to:

Record and Return To:  
ServiceLink  
1355 Cherrington Parkway  
Moon Township, PA 15108

EXEMPT FROM TRANSFER TAX

WAC 458-61A-202(6)(i) conveyance by operation of law

LACK OF PROBATE AFFIDAVIT

*Barbara Volkov*

\_\_\_\_\_, (notary) being first duly sworn, deposes and says:

The undersigned Affiant/Grantee Cynthia Ann Vance is a rightful heir, as listed on Heirs at Law, to the real property described below, and was the spouse of the decedent Mark W. Vance aka Mark William Vance who died on March 30, 2018 at Skagit County, Washington.

The real property subject to this Affidavit is:

**Lots 1 and 2, Block 119, "City of Anacortes", according to the recorded plat thereof in the office of the Auditor of Skagit County, Washington in Volume 2 of Plats, Page 4.**

**Property Address is: 1401 15<sup>th</sup> St., Anacortes, WA 98221**

**Assessor Parcel #:P55758**

\_\_\_\_ Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which has not been probated or revoked

The heirs at law of Mark W. Vance are as follows (attach separate pages if needed):

Name: *Brandon Vance*  
Age: *34*  
Relationship: *SON*  
Address: *10545 Greenwood Ave N.  
Apt 211  
Seattle, WA 98133*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
*2019 3664*  
AUG 27 2019

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

Name: *Marghan Vance*  
Age: *24*  
Relationship: *daughter*  
Address: *701 Columbia Street Apt 506, Vancouver, WA 98660*

Dated: 7/12/19

Cynthia Ann Vance  
Affiant's signature

Tel number 360-333-0144

Address 1401-15th St Anacortes, WA  
98221

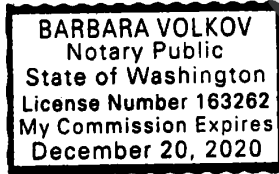
STATE OF WA COUNTY OF Skagit ss:  
Cynthia Ann

I know or have satisfactory evidence that Vance 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 therein mentioned.

Dated: 7/12/2019

Barbara Volkov

Notary Public  
My commission expires:  
12/20/2020



This instrument prepared by:  
Jay A. Rosenberg, Rosenberg LPA, Washington State Bar Number 50102; 3805  
Edwards Road, Suite 550, Cincinnati, Ohio 45209.

Commitment #25344176

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-014779

DATE ISSUED: 04/03/2018  
FEE NUMBER: ...FIRST AND MIDDLE NAME(S): MARK WILLIAM  
LAST NAME(S): VANCECOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 30, 2018  
HOUR OF DEATH: 06:45 AM  
SEX: MALE AGE: 62 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1401 - 15TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 1401 - 15TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: BINGHAMTON, NYFATHER/PARENT: ROBERT IRVINE VANCE JR  
MOTHER/PARENT: JEAN LOIS [REDACTED]MARITAL STATUS: MARRIED  
SPOUSE: CYNTHIA ANN PAGEMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORYOCCUPATION: TEACHER  
INDUSTRY: EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YESCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: APRIL 03, 2018INFORMANT: CINDI VANCE  
RELATIONSHIP: WIFE  
ADDRESS: 1401 - 15TH STREET, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMSCAUSE OF DEATH:  
A: GLIOBLASTOMA  
INTERVAL: 4 MONTHS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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 RESPONSEDATE 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: APRIL 02, 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: APRIL 03, 2018



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

Required information must match current information on record

Record Type: Birth, Death, Marriage, 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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:

Table with 2 columns: The record now shows: (8-14), The true fact is: (9-15)

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 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

\*CERTIFIED\*

APR 03 2018

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



0 1 8 0 3 2 5 4

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