

After recording, return to:  
Deanna L. Rode  
8201 283rd St NW  
Stanwood, WA 98292

CHICAGO TITLE  
020039874

Grantor (Name of Decedent): Richard Frederick Rode  
Grantee (Heirs): Deanna L. Rode  
Abbreviated Legal Description: Lot(s): 27, 28 and Ptn. 26 Block: 42 MONTBORNE, TGW. Ptn. RR  
ROW  
Tax Parcel No.(s): P74689 / 4135-042-028-0000

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

STATE OF Washington  
COUNTY OF Skagit

The undersigned, Deanna L. Rode, executes this affidavit relating to the estate of Richard Frederick Rode (herein "Decedent"), who died on December 4, 2013, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, County of Skagit, State of Washington.

**(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.

**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: Deanna L. Rode spouse

Name and relationship: Melissa S. Brown daughter

Name and relationship: Jonathan A. Rode son

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:

LOTS 26 TO 28, BLOCK 42 OF "THE TOWN OF MONTBORNE" AS PER PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 80 RECORDS OF SKAGIT COUNTY, WASHINGTON

LESS THE SOUTHEASTERLY 5 FEET OF LOT 26, BLOCK 42,

TOGETHER WITH THAT PORTION OF VACATED LAKESIDE BLVD. WHICH ATTACHES THERETO BY OPERATION OF LAW;

AND TOGETHER WITH THAT PORTION OF THE 100 FOOT WIDE RAILROAD RIGHT OF WAY COMMONLY KNOWN AS THE NORTHERN PACIFIC RAILWAY (ORIGINALLY CONVEYED TO THE SEATTLE, LAKESHORE & EASTERN RAILWAY), LYING WESTERLY OF THE CENTERLINE OF THE SAID RIGHT OF WAY AND BETWEEN THE NORTHEASTERLY EXTENSIONS OF BOTH THE NORTHWESTERLY AND SOUTHEASTERLY LINES OF THAT CERTAIN TRACT OF LAND IN BLOCK 42 AND VACATED LAKESIDE BLVD. OF "THE TOWN OF MONTBORNE" AS PER PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 80 RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

LOTS 26, 27 AND 28, BLOCK 42 EXCEPT THE SOUTHEASTERLY 5 FEET OF LOT 26.

EXCEPT ROADS.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF 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.

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

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Deanna L. Rode  
Signature

10/11/19  
Date

Deanna L. Rode  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on October 1, 2019 by Deanna L. Rode  
(name of person making statement)

Kathryn A. Freeman  
Name: Katheryn A. Freeman  
Notary Public in and for the State of Washington,  
Residing at: Snohomish CO  
My appointment expires:  
9.01.2022

Notary Public  
State of Washington  
Katheryn A Freeman  
Commission No. 149913  
My Commission Expires 09-01-2022

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-023272

DATE ISSUED: 12/10/2013

FEE NUMBER: 000000029

GIVEN NAMES: RICHARD FREDERICK  
LAST NAME: RODE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 04, 2013  
HOUR OF DEATH: 12:41 P.M.  
SEX: MALE  
AGE: 56 YEARS

PLACE OF DEATH: EMERGENCY ROOM  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 18304 SOUTH WESTVIEW ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: MONROE, SNOHOMISH CNTY, WASHINGTON

FATHER: ADOLPH RODE  
MOTHER: RUTH ELIZABET [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: DEANNA LORRAINE ROUSI

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: DECEMBER 11, 2013

OCCUPATION: GENERAL CONTRACTOR  
INDUSTRY: RESIDENTIAL CONSTRUCTION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98264  
FUNERAL DIRECTOR: RICK B. LEMLEY

INFORMANT: DEANNA RODE  
RELATIONSHIP: WIFE  
ADDRESS: 18304 SOUTH WESTVIEW ROAD, MOUNT VERNON, WA 98274

- CAUSE OF DEATH:
- A. COMPLETE CARDIOVASCULAR COLLAPSE  
INTERVAL: UNKNOWN
  - B. CARDIOPULMONARY RESUSCITATION IN PROGRESS ON ARRIVAL IN EMERGENCY ROOM. NO PULSES AND ASYSTOLE  
INTERVAL: UNKNOWN
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
MEDICAL RECORDS INDICATE CORONARY DISEASE WITH PRIOR STENTS PLACED.

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? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

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

CERTIFIER NAME: SHAWNA LAURSEN MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1415 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON WA 98275  
DATE SIGNED: DECEMBER 10, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: CASE # 191-13  
ATTENDING PHYSICIAN:  
SHAWNA LAURSEN MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: DECEMBER 10, 2013

NUMBER(S): NONE  
DATE(S): NONE





Affidavit for Correction 10/02/2019 11:24 AM

Washington State Department of 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

Use the section below for requesting any changes on the record

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: | 2. Date of Event: | 3. Place of Event:

4. Father/Parent Full Birth Name | 5. Mother/Parent Full Birth Name

The record is incorrect or incomplete as follows:

6. The record now shows: | 7. The true fact is: | 8. | 9. | 10. | 11. | 12. | 13.

14. I represent the person as:  Self  Parent  Guardian  Informant Telephone Number:  Funeral Director  Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: | 16. Date: | 17. Address: (Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof. Examples of acceptable documentary proof: Birth Record, Certificate of Naturalization, Military Record (DD-214), Passport, Numident Report (Social Security Administration), Marriage/Divorce Record, Life Insurance Policy, Hospital/Medical Record, Voter's Registration Card (if it bears an effective date), School Transcripts (Official), Alien Registration (front and back)

Birth Certificates: 1. Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe. 3. Child under 18: Only parent(s) or legal guardian can change the birth certificate. Guardian must submit certified court order giving them authority to act on behalf of child(ren). Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required. Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. 4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032) Adult (18 years or older): Only the adult themselves can change the birth certificate. If the first or middle name is absent, three pieces of documentary proof are required. If the first, middle and/or last name is misspelled, two pieces of documentary proof are required. To correct parent's birth date, place of birth, or name, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.

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 someone other than the informant listed on the certificate. 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

\*CERTIFIED\*

DEC 10 2013

Howard E. ... Skagit County Public Health Department

ZZ00025857