

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
NOV 14 2019
Amount Paid \$
Skagit Co. Treasurer
By Deputy

Address: 7569 Valley View Road, Sedro Woolley, WA 98284
Legal: PTN. 9-35-4 EWM, AKA TRACT B, SHORT PLAT NO. 56-89
Tax Parcel # 350409-2-005-4300 / P113099

LT 1 VIEW ESTATES
DIV 2

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, JOYCE M. VANCE, executes this affidavit relating to the estate of CHARLES E. VANCE, the Decedent, who died on October 7, 2019, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

JOYCE M. VANCE, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

- 2. The affiant is (check one):
 - The lawful surviving spouse of the Decedent
 - Registered domestic partner of the Decedent
 - Surviving child of the Decedent
 - One 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.
 - Other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Joyce M. Vance 7569 Valley View Road Sedro Woolley, WA 98284	Legal	Spouse

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:

Tract B, Short Plat No. 56-89, approved January 17, 1990, recorded January 18, 1990 in Volume 9 of Short Plats, page 191, under Auditor's File No. 9001180084, being a re-short plat of Lot 1 of that certain 5 Acre Parcel Subdivision No. 120-77 entitled Valley View Estates, Division No. 2, being a portion of Section 9, Township 35 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

5. Status of the Will (if any)

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 01/14/1983. The Will devises and states that:

ARTICLE III I hereby give, devise and bequeath to my wife, Joyce M. Vance, if she survives me, all of my estate, real, personal and mixed, and wherever situated, together

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 09/12/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-039946

FIRST AND MIDDLE NAME(S): CHARLES EDWARD
LAST NAME(S): VANCE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 07, 2019
HOUR OF DEATH: 10:25 AM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTH PLACE: TWIN FALLS, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JOYCE HAUSER

OCCUPATION: NATURAL GAS UTILITY WORKER
INDUSTRY: NATURAL GAS UTILITY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: JOYCE VANCE
RELATIONSHIP: WIFE
ADDRESS: 7569 VALLEY VIEW ROAD, SEDRO WOOLEY, WA 98284

CAUSE OF DEATH:
A: END-STAGE RENAL DISEASE
INTERVAL: MONTHS
B: ATHEROSCLEROTIC ARTERY DISEASE
INTERVAL: YEARS
C: DIABETES, HYPERTENSION
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
CARDIOMYOPATHY WITH CORONARY ARTERY DISEASE

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 7569 VALLEY VIEW ROAD
CITY, STATE, ZIP: SEDRO WOOLEY, WASHINGTON 98284

RESIDENCE STREET: 7569 VALLEY VIEW ROAD
CITY, STATE, ZIP: SEDRO WOOLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: CHARLES EDWARD VANCE
MOTHER/PARENT: HERMA LUCILLE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: SEPTEMBER 11, 2019

FUNERAL FACILITY: WASHINGTON CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115
FUNERAL DIRECTOR: ADRIEN H. HUNTER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:
CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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 11, 2019

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: SEPTEMBER 11, 2019

Affidavit for Correction



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

Washington State Department of Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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:
	First	Middle	Last	MM/DD/YYYY		(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	First	Middle	Last/Maiden	First	Middle	Last/Maiden
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)						
7. Return Mailing Address:						
PO 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:	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 (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 <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 	Adult (18 years or older) <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
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- *To change any part of the name of a child using this form, 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). 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

CERTIFIED

DOH 422-034 January 2015



Rachel C. Wood M.D., MPH

RACHEL C. WOOD, MD, MPH
HEALTH OFFICER/REGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON



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