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11/21/2019 10:42 AM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

AFTER RECORDING, RETURN TO:

JAMES L. KOTSCHWAR
Attorney at Law
Post Office Box 1593
Oak Harbor, Washington 98277

**LACK OF PROBATE AFFIDAVIT AND AFFIDAVIT OF SURVIVING
SPOUSE FOR CLAIMING AN EXEMPTION BASED ON
INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON)
) ss.
COUNTY OF ISLAND)

GRANTOR: PATRICIA L. GRAY GRANTEE: PUBLIC
Skagit County Assessor's Parcel Number: 4936-000-016-0000 P126506

PATRICIA L. GRAY, formerly known as Patricia A. Lewis, the affiant, being first duly sworn, deposes and says:

1. The affiant is the surviving spouse of DONALD E. GRAY, SR., who died on March 11, 2018, then being a legal resident of Mount Vernon, Washington. The decedent's death certificate is attached as Exhibit "A."
2. The decedent left a last Will and Testament, which did not require probate, but which was filed on October 23, 2019 with the Clerk of Skagit County Superior Court as Cause No. 19-4-00347-29.
3. The decedent's will provided that the decedent's interest in the following property be given to PATRICIA L. GRAY, the undersigned affiant, which property is located in Skagit County, Washington, and is legally described as follows:

Lot 16, Big Fir North P.U.D. Phase 2, according to the plat thereof, recorded July 25, 2007, under Auditor's File No. 200707250053, records of Skagit County, Washington.

Tax Parcel Number(s): 4936-000-016-0000 P126506

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019-5085
NOV 21 2019

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

4. Prior to decedent's death, said real property was owned by decedent and PATRICIA L. GRAY, the affiant, as community property. Therefore, pursuant to WAC 458-61A-202, the affiant, PATRICIA L. GRAY, affirms that she is the surviving spouse of DONALD E. GRAY, and affirms that she is the sole heir to the property described above

5. All the debts of the decedent, including, but not limited to, all expenses of decedent's last illness, funeral and burial, have been or shall be fully paid with no exceptions. There are no applicable federal and/or state succession or inheritance taxes owing with respect to the decedent's estate.

6. The decedent did not receive from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

7. This affidavit is made to induce any title insurance company to insure title to any real property interests of the decedent, including the real property that is referenced herein. Any such title insurance company may issue its policy or policies in full reliance on the representations herein made. Affiant does hereby indemnify and agree to hold any such title insurance company harmless by reason of so insuring in reliance of these representations.

SIGNED this 17th day of October, 2019.

Patricia L. Gray

PATRICIA L. GRAY
1775 Grand Avenue
Mount Vernon, WA 98274

SUBSCRIBED AND SWORN to before me this 17th day of OCTOBER, 2019.

James L. Kotschwar

JAMES L. KOTSCHWAR
Notary Public in and for the State of
Washington, residing at Oak Harbor
My commission expires Nov. 1, 2020.



Affid2019:G

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Exhibit "A"



DATE ISSUED: 03/14/2018
FEE NUMBER:

CERTIFICATE NUMBER: 2018-011350

FIRST AND MIDDLE NAME(S): DONALD ELLIS
LAST NAME(S): GRAY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 10, 2018
HOUR OF DEATH: 08:15 AM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: NEW YORK, NY

MARITAL STATUS: MARRIED
SPOUSE: PATRICIA KEPPEL

OCCUPATION: STORE MANAGER
INDUSTRY: RETAIL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: PATRICIA GRAY
RELATIONSHIP: WIFE
ADDRESS: 1775 GRAND AVE MOUNT VERNON WA 98274

CAUSE OF DEATH:
A: PROSTATE CANCER
INTERVAL: 6 YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 1775 GRAND AVENUE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1775 GRAND AVENUE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: UNKNOWN
MOTHER/PARENT: BEATRICE UNKNOWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CALL DREMATORY MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: MARCH 13, 2018

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 13, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANÇO
DATE RECEIVED: MARCH 13, 2018



Affidavit for Correction

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

Mail to: Center for 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

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:

The record now shows: 8, 10, 12, 14
The true fact is: 9, 11, 13, 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

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

MAR 14 2018

Handwritten signature of 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.



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