

After recording, return to:  
Norman E. Blair  
1049 Chestnut Loop  
Mount Vernon, WA 98274

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Marissa Guerrero  
Affidavit No. 2020-1163  
Date 03/31/2020

CHICAGO TITLE  
020041863

Grantor (Name of Decedent): Nina L Blair  
Grantee (Heirs): Norman E Blair  
Abbreviated Legal Description: LT 71, PLAT OF MONTREAU, PHASE 1,  
Tax Parcel No.(s): P126464 / 4935-000-071-0000

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

STATE OF Skagit Washington  
COUNTY OF Skagit

The undersigned, Norman E Blair, executes this affidavit relating to the estate of \_\_\_\_\_ (herein "Decedent"), who died on May 19, 2016, in the County of King, 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.
- other (identify): \_\_\_\_\_

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

**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: Norman E Blair, spouse

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

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

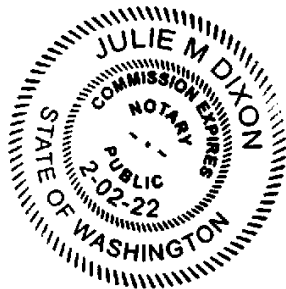
Norman E Blair  
Signature

3-17-2020  
Date

Norman E Blair  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on March <sup>17</sup>~~31~~, 2020 by Norman E Blair  
(name of person making statement).



Julie M Dixon  
Name: Julie M Dixon  
Notary Public in and for the State of Washington,  
Residing at: Cameron Island  
My appointment expires: 2/2/2022

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P126464 / 4935-000-071-0000**

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LOT 71, PLAT OF MONTREUX, PHASE 1, AS PER PLAT RECORDED ON JULY 23, 2007, UNDER AUDITOR'S FILE NO. 200707230124, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-021006

DATE ISSUED: 05/23/2016

FEE NUMBER: 000000029

GIVEN NAMES: NINA L  
LAST NAME: BLAIR

COUNTY OF DEATH: KING  
DATE OF DEATH: MAY 19, 2016  
HOUR OF DEATH: 03:29 P.M.  
SEX: FEMALE  
AGE: 57 YEARS

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1049 CHESTNUT LOOP  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

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

FATHER/PARENT: GEORGE DELP  
MOTHER/PARENT: CONNIE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: NORMAN BLAIR

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: MAY 23, 2016

OCCUPATION: BUSINESS REPRESENTATIVE  
INDUSTRY: TELECOMMUNICATIONS  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

INFORMANT: NORMAN BLAIR  
RELATIONSHIP: HUSBAND  
ADDRESS: 1049 CHESTNUT LOOP MOUNT VERNON, WA 98274

- CAUSE OF DEATH:
- A. INTRACEREBRAL HEMORRHAGE  
INTERVAL: DAYS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
HYPERTENSION

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? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

CERTIFIER NAME: SANDEEP KHOT, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: HMC 325 9TH AVE  
CITY, STATE, ZIP: SEATTLE WA 98104  
DATE SIGNED: MAY 20, 2016

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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



LOCAL DEPUTY REGISTRAR:  
DIANE BOGAN  
DATE RECEIVED: MAY 23, 2016



Affidavit for Correction

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

Washington State Department of Health
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, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, Relationship to Person on Record

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:

8. The record now shows: 9. The true fact is: 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

INSTRUCTIONS - go to 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 parent's 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\*

MAY 23 2016

Howard Lehmann M.D. Health Officer
Shelby County Public Health Department