

After recording, return to:

Anne Tygret  
8454 Iron Mt View Lane  
Concrete, WA 98237

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Marissa Guerrero  
Affidavit No. 2020-2788  
Date 07/24/2020

Grantor (Name of Decedent): Imogene H. Regeon  
Grantee (Heirs): ANNE TYGRET  
Abbreviated Legal Description: Lot 8, Cedar Park Plat  
Tax Parcel No.(s): P119221 / 4795-000-008-0000

CHICAGO TITLE  
U20043493

**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, Anne Tygret, executes this affidavit relating to the estate of Imogene H. Regeon (herein "Decedent"), who died on October 26, 2019, in the County of Skagit, State of Washington, then being a resident of the City of Concrete, 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: Anne Tygret, daughter  
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.

Anne Tygret  
Signature  
Anne Tygret  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on July 22, 2020 by Anne Tygret  
(name of person making statement).

NOTARY PUBLIC  
STATE OF WASHINGTON  
ALYSIA HUDSON  
License Number 183699  
My Commission Expires 03-01-2024

Alysia Hudson  
Name: Alysia Hudson  
Notary Public in and for the State of Washington,  
Residing at: Arington  
My appointment expires: 03.01.2024

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
(continued)

This affidavit is made to induce Chicago Title Insurance Company (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance to full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

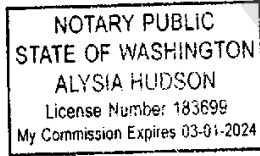
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Anne Tygret  
Signature  
Anne Tygret  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on July 22, 2020 by Anne Tygret  
(name of person making statement).

Alysia Hudson  
Name: Alysia Hudson  
Notary Public in and for the State of Washington,  
Residing at: Arlington  
My appointment expires 03.01.2024



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P119221 / 4795-000-008-0000**

---

Lot 8, CEDAR PARK PLAT, according to the plat thereof, recorded June 5, 2002 under Auditor's File No. 200206050104, 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: 2019-047264

DATE ISSUED: 11/04/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): IMOGENE HOPE  
LAST NAME(S): REGEON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 26, 2019  
HOUR OF DEATH: 07:02 AM  
SEX: FEMALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 7664 CEDAR PARK  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

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

RESIDENCE STREET: 7664 CEDAR PARK  
CITY, STATE, ZIP: CONCRETE, WA 98237  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BIG SPRING, TX

FATHER: CALVIN B HUITT  
MOTHER: EDITH [REDACTED]

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

OCCUPATION: BOOKKEEPER  
INDUSTRY: BOOKKEEPING  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

CITY, STATE: MARYSVILLE, WASHINGTON  
DISPOSITION DATE: OCTOBER 29, 2019

INFORMANT: ANNE TYGRET  
RELATIONSHIP: DAUGHTER  
ADDRESS: 8454 IRON MTN VIEW LANE, CONCRETE, WASHINGTON 98237

FUNERAL FACILITY: WASHINGTON CREMATION ALLIANCE

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

CAUSE OF DEATH:  
A: CHRONIC KIDNEY DISEASE OF UNKNOWN TYPE  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE ON CHRONIC ANEMIA  
(CHRONIC KIDNEY DISEASE AND GASTROINTESTINAL BLEEDING OF UNKNOWN SOURCE)

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

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

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: OCTOBER 28, 2019

LOCATION OF INJURY:

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

CASE REFERRED TO MEICORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: OCTOBER 29, 2019



Affidavit for Correction

07/24/2020 03:47 PM Page 1 of 2
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, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, Relationship to Person on Record.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The record now shows: 9., 11., 13., 15. The true fact is:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 6a. Signature, 16b. Signature of 2nd parent (if required). Printed name, Date.

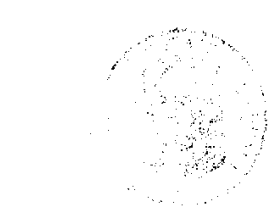
INSTRUCTIONS - go to www.doh.wa.gov for more information. Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof.

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. 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). 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. 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 using this form, signatures from both parents listed on the certificate are required.

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. 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\*

NOV 04 2019

Howard I. Brand M.D. Health Officer

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

