

After recording, return to:
Laurie L. Black

CHICAGO TITLE
020047953

Grantor (Name of Decedent): Joseph E Black
Grantee (Heirs): Laurie L Black
Abbreviated Legal Description: Lot 101, Cascade River Park No. 1
Tax Parcel No.(s): P63610

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, Laurie L Black, executes this affidavit relating to the estate of Joseph E Black (herein "Decedent"), who died on Sept 20 2019, in the County of Island, State of WA, then being a resident of the City of Coupeville, County of Island, State of WA.

(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: Phil Black son Laurie L. Black,

Name and relationship: Kellie Black daughter spouse

Name and relationship: Joe L Black son

Name and relationship: Bob Black son

Description of the Property Audrey meek daughter
Cory Black son

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:

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.

Laurie L Black
Signature

Laurie L Black
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on May 28th 2021 by Laurie Black
(name of person making statement).

[Signature]
Name: Hannah Berleue
Notary Public in and for the State of Washington,
Residing at: Burlington
My appointment expires: 3-15-25



EXHIBIT A

Order No.: 620047953

For APN/Parcel ID(s): **P63610 / 3871-000-061-0006**

Lot 61, Cascade River Park No. 1, according to the plat thereof, recorded in Volume 8 of plats, pages 55 through 59, records of Skagit County, Washington.

Situate in Skagit County, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-041666

LOCAL FILE NUMBER: 381-19

DATE ISSUED: 09/24/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOSEPH EDWIN
LAST NAME(S): BLACK

COUNTY OF DEATH: ISLAND
DATE OF DEATH: SEPTEMBER 20, 2019
HOUR OF DEATH: 12:07 PM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: COUPEVILLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LAURIE MCFARLANE

OCCUPATION: CONSTRUCTION SUPERVISOR
INDUSTRY: CITY GOVERNMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: LAURIE BLACK
RELATIONSHIP: SPOUSE
ADDRESS: 104 JACOBS ROAD, COUPEVILLE, WA 98239

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: IMMEDIATE
B: END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
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: 104 JACOBS ROAD
CITY, STATE, ZIP: COUPEVILLE, WASHINGTON 98239

RESIDENCE STREET: 104 JACOBS ROAD
CITY, STATE, ZIP: COUPEVILLE, WA 98239
INSIDE CITY LIMITS: NO COUNTY: ISLAND
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER/PARENT: ARTHUR E BLACK
MOTHER/PARENT: ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

CITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: SEPTEMBER 24, 2019

FUNERAL FACILITY: WALLIN FUNERAL HOME & CREMATION OAK
HARBOR, LLC
ADDRESS: 1811 NE 16TH AVE #A
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
FUNERAL DIRECTOR: JEROME BARBER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CHRISTOPHER BIBBY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 4410 106TH ST SW
CITY, STATE, ZIP: MUKILTEO, WA 98275
DATE SIGNED: SEPTEMBER 23, 2019

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

LOCAL DEPUTY REGISTRAR: BARBARA COPE
DATE RECEIVED: SEPTEMBER 24, 2019



Affidavit for Correction

06/22/2021 11:43 AM Page 5 of 5

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

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 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:** **3. Place of Event:**

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution): First Middle Last/Maiden **5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution):** First Middle Last/Maiden

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: PO Box or Street Address City State Zip

Telephone Number: () Email Address:

Use the section 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 foregoing is true and correct

16a. Signature: Printed name: Date: **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 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

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). 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 January 2015



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

CERTIFIED

SEP 24 2019

Chris Spitters
Chris Spitters, MD/MPH, Health Officer
 Island County Public Health

