

After recording, return to:
Jean Johnson

PO Box 511
Clearlake WA 98235

CHICAGO TITLE
620048544

Grantor (Name of Decedent): Hugh T. Johnson

Grantee (Heirs): Jean Johnson

Abbreviated Legal Description: Lot(s): Ptn. 1, 2 and 3, Block: A, Garden Addition to Baker

Tax Parcel No.(s): P70605 / 4050-003-003-0507, P70595 / 4050-003-002-0201, P70596 /
4050-003-002-0300, P70600 / 4050-003-003-0002, P70590 / 4050-003-001-0608,
P70591 / 4050-003-001-0707, P70597 / 4050-003-002-0409, P70598 /
4050-003-002-0508 and P70599 / 4050-003-002-0607

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

STATE OF WA

COUNTY OF Skagit

The undersigned, Jean Johnson, executes this affidavit relating to the estate of
Hugh Johnson (herein "Decedent"), who died on 1-3-2011,
in the County of Skagit, State of WA, then being a resident of the
City of Clearlake, County of Skagit, 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

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(continued)

- 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): _____

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: Jean Johnson, wife
- 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:

Parcel A:

The North 60 feet of the South 120 feet of the East, 112 feet of Lot 2, Block "A", all in "Garden Addition to Baker", as per plat recorded in Volume 3 of plats, Page 73, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Parcel B:

That portion of Lot 3, Block "A", "Garden Addition to Baker", as per plat recorded in Volume 3 of plats, Page 73, records of Skagit County, Washington, described as follows:

BEGINNING at the Northeast corner of said Lot 3; thence South along the East line thereof, a distance of 140 feet; thence West, 115 feet; thence North, 140 feet to the North line of said Lot; thence East, 115 feet to the point of beginning.

Except that portion, if any, lying West of a line running South from a point on the North line of said Lot that is 111 feet East of its Northwest corner.

Situated in the County of Skagit, State of Washington.

Parcel C:

The South, 60 feet of the East, 112 feet of Lot 2, Block "A", "Garden Addition to Baker", as per plat recorded in Volume 3 of plats, Page 73, records of Skagit County, Washington.

Except that portion, if any, lying West of a line running North from a point on the South line of said

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(continued)

Lot, that is iii feet East of its Southwest corner.

Situated in the County of Skagit, State of Washington.

Parcel D:

The North, 70 feet of the South, 100 feet of the West, 100 feet of Lot 2, Block A, Garden Addition to Baker, according to the plat thereof recorded in Volume 3 of plats, Page 73, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Parcel E:

The South, 30 feet of the West, 100 feet of Lot 2, Block A, Garden Addition to Baker, according to the plat thereof recorded in volume 3 of plats, Page 73 records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Parcel F;

The South, 30 feet of the North, 95 feet of the East, 109 feet of Tract 1, Division A, Garden Addition to Baker, according to the plat thereof recorded in Volume 3 of plats, Page 73, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Parcel G:

That portion of Tracts 1 and 2, Division A, Garden Addition to Baker, according to the plat thereof recorded in Volume 3 of plats, Page 73, records of Skagit County, Washington, described as follows:

BEGINNING at a point 95 feet South of the Northeast corner of said Tract 1; thence South, 190 feet; thence West, 100 feet; thence North, 190 feet; thence East, 100 feet to the point of beginning.

Situated in the County of Skagit, State of Washington.

Parcel H:

That portion of Tract 3, Division A of "Garden Addition to Baker", as per plat recorded in volume 3 of plats, Page 73, records of Skagit County, Washington, described as follows:

Commencing at the Northwest corner of said Tract 3; thence South, 35 feet; thence East, 100 feet; thence North, 35 feet; thence West, 100 feet to the place of beginning.

Situated in the County of Skagit, State of Washington.

INHERITANCE LACK OF PROBATE AFFIDAVIT
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(continued)

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.

Jean Johnson

Signature

Jean Johnson

Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 08/13/2021 by Jean Johnson
(name of person making statement).



Ana Johnson

Name: Ana Johnson

Notary Public in and for the State of Washington,

Residing at: Stanwood

My appointment expires:

4/19/2023

STATE OF WASHINGTON DEPARTMENT OF HEALTH



1. Legal Name (Include AKA's if any) First Middle LAST Suffix HUGH THURMAN JOHNSON Jr.				2. Death Date Jan. 3, 2011	
3. Sex (M/F) Male	4a. Age - Last Birthday 58	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birth Date [REDACTED]		8a. Birthplace (City, Town, or County) Unknown	8b. (State or Foreign Country) Tennessee	9. Decedent's Education Some college, but no degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 824 SE 8 th St.) (Include Apt. No.) 12709 State Route 9				13b. City or Town Clearlake	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98235	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 21 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jean Christine Whitby	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retired).) Property Manager			18. Kind of Business/Industry (Do not use Company Name) Rental Homes		
19. Father's Name (First, Middle, Last, Suffix) Hugh Thurman Johnson, Sr.			20. Mother's Name Before First Marriage (First, Middle, Last) Irene June [REDACTED]		
21. Informant's Name Jean Johnson		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P. O. Box 511, Clearlake, WA 98235	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (if not a facility, give number & street or location) 12709 State Route 9			26a. City, Town, or Location of Death Clearlake	26b. State WA	27. Zip Code 98235
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility Skagit Cremation Services P. O. Box 2411, Mount Vernon, WA 98273				32. Date of Disposition Jan. 4, 2011	
33. Funeral Director Signature <i>[Signature]</i>			Douglas Hutter #1857		
34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac arrhythmia Interval between Onset & Death: Minutes Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Myocardial infarction Interval between Onset & Death: Weeks Due to (or as a consequence of): c. Coronary artery thromboses Interval between Onset & Death: Weeks Due to (or as a consequence of): d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:				46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to this cause(s) and manner stated.	
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Daniel Dempsey, Coroner P. O. Box 1306, Mount Vernon, WA 98273	
50. Hour of Death (24hrs) 0230 Hours				51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (mm/dd/yyyy) 01/03/2011				53. Title of Certifier Coroner	
54. License Number		55. ME/Coroner File Number # 001-11		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i> Thara Marshall, Deputy				58. Date Received (mm/dd/yyyy) JAN 4 2011	
59. Amendments					



Affidavit for Correction

08/17/2021 09:18 AM Page 1 of 1
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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 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 <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 currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
 - To correct the sex of the child, one proof documentation from a medical provider 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.

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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.

CERTIFIED

JUL 29 2021

Skagit County Health Department
Howard E. Reed, M.D., Health Officer



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



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