

After recording, return to:

Alice M. Warren

225 Courtyard DE  
Mount Vernon WA 98273

Grantor (Name of Decedent): BRUCE L WARREN

Grantee (Heirs): ALICE M WARREN

Abbreviated Legal Description: LT 7, "PLAT OF BRITTWOOD"

Tax Parcel No.(s): P100837 / 4578-000-007-0006

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington

COUNTY OF Skagit

CHICAGO TITLE CO.  
620048483

The undersigned, ALICE M. WARREN, executes this affidavit relating to the estate of BRUCE L WARREN (herein "Decedent"), who died on 7-28-2020, in the County of SKAGIT, 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: \_\_\_\_\_

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.

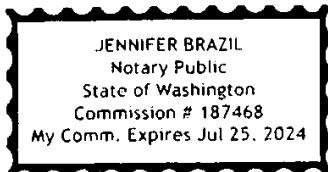
Alice M Warren  
Signature

ALICE M WARREN  
Print Name

State of Washington  
County of SKAGIT

Signed and sworn to (or affirmed) before me on August 19, 2021 by \_\_\_\_\_  
Alice M. Warren (name of person making statement).

Jennifer Brazil  
Name: Jennifer Brazil  
Notary Public in and for the State of Washington,  
Residing at: Skagit County  
My appointment expires: 7-25-2024



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P100837 / 4578-000-007-0006**

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LOT 7, "PLAT OF BRITTWOOD", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGE(S)  
31 AND 32, 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: 2020-035246

DATE ISSUED: 07/15/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **BRUCE LESLIE**  
LAST NAME(S): **WARREN**

COUNTY OF DEATH: **SKAGIT**  
DATE OF DEATH: **JULY 28, 2020**  
HOUR OF DEATH: **11:05 AM**  
SEX: **MALE** AGE: **65 YEARS**  
SOCIAL SECURITY NUMBER: **074-46-4597**

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

BIRTH DATE: **FEBRUARY 02, 1955**  
BIRTHPLACE: **BROOKLYN, NY**

MARITAL STATUS: **MARRIED**  
SURVIVING SPOUSE: **ALICE MARIE REILLY**

OCCUPATION: **MANAGER**  
INDUSTRY: **AEROSPACE**  
EDUCATION: **BACHELOR'S DEGREE**  
US ARMED FORCES: **NO**

INFORMANT: **ALICE MARIE WARREN**  
RELATIONSHIP: **SPOUSE**  
ADDRESS: **1017 VERA CT. MOUNT VERNON, WA. 98273**

CAUSE OF DEATH:  
A: **HYPOXIC RESPIRATORY FAILURE**  
INTERVAL: **DAYS**  
B: **CONGESTIVE HEART FAILURE**  
INTERVAL: **DAYS**  
C: **BACTEREMIA**  
INTERVAL: **WEEKS**  
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: **HOSPITAL**  
FACILITY OR ADDRESS: **SKAGIT VALLEY HOSPITAL**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **1017 VERA CT.**  
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**  
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **28 YEARS**

FATHER: **LESLIE W WARREN**  
MOTHER: **JANE T TIERNAN**

METHOD OF DISPOSITION: **CREMATION**  
PLACE OF DISPOSITION: **SEATTLE SERVICE GROUP CREMATORY**

CITY, STATE: **SEATTLE, WASHINGTON**  
DISPOSITION DATE: **AUGUST 04, 2020**

FUNERAL FACILITY: **NEPTUNE SOCIETY - LYNNWOOD**

ADDRESS: **4320 196TH ST SW - STE. C**  
CITY, STATE, ZIP: **LYNNWOOD, WASHINGTON 98036**  
FUNERAL DIRECTOR: **BRENT J. GLENN**

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

CERTIFIER NAME: **RYAN TRINH, MD**  
TITLE: **PHYSICIAN**  
CERTIFIER ADDRESS: **1415 E. KINCAID STREET**  
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**  
DATE SIGNED: **JULY 30, 2020**

CASE REFERRED TO ME/CORONER: **NO**  
FILE NUMBER: **NOT APPLICABLE**  
ATTENDING PHYSICIAN: **RYAN TRINH, PHYSICIAN**

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**  
DATE RECEIVED: **AUGUST 04, 2020**



# Affidavit for Correction

08/25/2021 11:48 AM Page 5 of 6  
Washington State Department of Health  
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
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<b>Required</b>	<b>Required information must match current information on record</b>			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		

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:**

<b>The record currently shows:</b>		<b>The true fact is:</b>	
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 <sup>nd</sup> parent (if required): _____	
Printed name: _____	Date: _____	Printed name: _____	Date: _____

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

**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.

\*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.

**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.



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

# \*CERTIFIED\*

JUL 15 2021

*Edward Lohr*  
Skagit County Health Department  
Edward Lohr M.D., Health Officer



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