

After recording, return to:
Sally L. Meranda-Best

17313 Cinnamon Ln.
Bellingham WA 98229

Grantor (Name of Decedent): JOSEPH NEA BEST

Grantee (Heirs): SALLY L. MERANDA BEST

Abbreviated Legal Description: PTN SE 1/4 NW 1/4 NE 1/4 SW 1/4 OF 1-36-3

Tax Parcel No.(s): P47536 / 360301-2-006-0202

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, SALLY L. MERANDA BEST executes this affidavit relating to the estate of JOSEPH N. BEST (herein "Decedent"), who died on July 24, 2019, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of Alger, 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:) _____

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 (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: SARA MEANYO-BEST TOMAZAK Daughter
 Name and relationship: CAROL WHITNEY BEST NICHOLS Daughter
 Name and relationship: THOMAS SLOANE BEST Son
 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:

THAT PORTION OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER AND THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 1, TOWNSHIP 36 NORTH, RANGE 3 EAST, WILLAMETTE MERIDIAN DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF TRACT C AS SHOWN ON THAT CERTAIN SURVEY RECORDED IN VOLUME 1 OF SURVEYS AT PAGE 49 UNDER AF NO. 798659, RECORDS OF SKAGIT COUNTY, WASHINGTON;
 THENCE NORTH 1° 03' 05" WEST ALONG THE WEST LINE OF SAID TRACT C, A DISTANCE OF 468.16 FEET TO THE NORTHWEST CORNER OF SAID TRACT C;
 THENCE SOUTH 67° 49' 57" EAST ALONG THE NORTH LINE OF SAID TRACT C, A DISTANCE OF 118.18 FEET;
 THENCE SOUTH 87° 41' 49" EAST ALONG THE NORTH LINE OF SAID TRACT C, A DISTANCE OF 83.97 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION;
 THENCE SOUTH 00° 27' 23" EAST, A DISTANCE OF 419.48 FEET TO THE SOUTH LINE OF SAID TRACT C TO POINT WHICH LIES SOUTH 89° 48' 11" WEST, A DISTANCE OF 135.79 FEET FROM THE NORTHEAST CORNER OF LOT 4 OF SHORT PLAT NO. 97-0045, APPROVED JUNE 14, 2000, RECORDED JUNE 15, 2000, UNDER AF NO. 200006150094, RECORDS OF SKAGIT COUNTY, WASHINGTON;
 THENCE SOUTH 00° 27' 23" EAST, A DISTANCE OF 157.32 FEET;
 THENCE SOUTH 16° 49' 05" EAST, A DISTANCE OF 258.25 FEET;
 THENCE SOUTH 28° 09' 05" EAST, A DISTANCE OF 52.22 FEET;
 THENCE SOUTH 40° 29' 36" EAST, A DISTANCE OF 103.84 FEET;
 THENCE SOUTH 50° 57' 58" EAST, A DISTANCE OF 41.54 FEET TO THE INTERSECTION OF THE EAST LINE OF SAID LOT 4 WITH THE NORTH LINE OF THE 45.00 FOOT RADIUS CUL-DE-SAC EASEMENT FOR CIMARRON LANE AS SHOWN ON SAID SHORT PLAT, (FROM WHICH POINT THE CENTER OF SAID CUL-DE-SAC LIES SOUTH 24° 20' 23" EAST, A DISTANCE OF 45.00 FEET);
 THENCE EASTERLY, SOUTHEASTERLY, AND SOUTHERLY ALONG SAID CUL-DE-SAC EASEMENT LINE, THROUGH A CENTRAL ANGLE OF 113° 13' 18", AND AN ARC LENGTH OF 88.92 FEET;
 THENCE NORTH 88° 52' 56" EAST, A DISTANCE OF 110.63 FEET;
 THENCE NORTH 1° 55' 09" WEST, A DISTANCE OF 595.21 FEET TO THE NORTH LINE OF NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 1;
 THENCE SOUTH 89° 48' 11" WEST ALONG SAID NORTH LINE, A DISTANCE OF 26.46 FEET TO THE SOUTHEAST CORNER OF SAID TRACT C;

INHERITANCE LACK OF PROBATE AFFIDAVIT
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(continued)

THENCE NORTH 4° 35' 01" EAST, A DISTANCE OF 405.00 FEET TO THE NORTHEAST CORNER OF SAID TRACT C;
THENCE NORTH 87° 41' 49" WEST ALONG THE NORTH LINE OF SAID TRACT C, A DISTANCE OF 364.07 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES, OVER ACROSS AND THROUGH THE 60.00 FOOT WIDE EASEMENT KNOWN AS BEAR CREEK ROAD AND AS SHOWN ON THE FACE OF THAT CERTAIN SURVEY RECORDED IN VOLUME 1 OF SURVEYS AT PAGE 49 UNDER AF NO. 798659, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES, OVER, ACROSS AND THROUGH CIMARRON LANE AS SHOWN ON THE FACE OF SHORT PLAT NO. 97-0045, APPROVED JUNE 14, 2000, RECORDED JUNE 15, 2000, UNDER AF NO. 200006150094, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

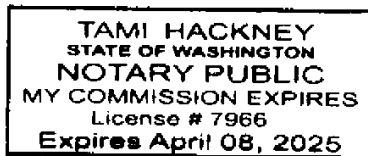
Sally L. Meranda Best *Sally L. M. Best*
Signature

Sally L. MERANDA BEST
Print Name

State of Washington

County of SKAGIT

Signed and sworn to (or affirmed) before me on August 23, 2021 by *Sally L. Meranda Best* (name of person making statement)



Tami Hackney
Name: *Tami Hackney*
Notary Public in and for the State of Washington,
Residing at: *Redmond*
My appointment expires: *4/8/25*

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

1829

CERTIFICATE NUMBER: 2019-033140

DATE ISSUED: 07/30/2019

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): JOSEPH NED
LAST NAME(S): BEST

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: JULY 24, 2019

HOUR OF DEATH: 01:30 AM

SEX: MALE AGE: 78 YEARS

SOCIAL SECURITY NUMBER: 446-38-4303

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 28, 1940

BIRTH PLACE: TULSA, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SALLY MERANDA

OCCUPATION: PILOT

INDUSTRY: COMMERCIAL AIRLINE INDUSTRY

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: SALLY M BEST

RELATIONSHIP: SPOUSE

ADDRESS: 17313 CIMARRON LANE, BELLINGHAM, WA 98229

CAUSE OF DEATH:

A: STAGE 4 KENNEDY ULCER

INTERVAL: WEEKS

B: PARKINSON'S 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: 17313 CIMARRON LANE

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229

RESIDENCE STREET: 17313 CIMARRON LANE

CITY, STATE, ZIP: BELLINGHAM, WA 98229

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: SAMUEL ELIJAH BEST

MOTHER/PARENT: HELEN ELIZABETH SIMPSON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMATORY

CITY, STATE: FERDALE, WASHINGTON

DISPOSITION DATE: JULY 30, 2019

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM

ADDRESS: 2465 LAKEWAY DR

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229

FUNERAL DIRECTOR: BRIAN L. FLOWERS

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

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: JULY 26, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JAMIE ROLLO

DATE RECEIVED: JULY 29, 2019

DOH 422-132 (6/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

	<h2 style="margin:0;">Affidavit for Correction</h2> <p style="margin:0;">This is a legal document. Complete in ink and do not alter.</p>	Mail to: Center for Health Statistics 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	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:		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:					
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 forgoing is true and correct					
16a. Signature:		16b. Signature of 2 nd parent (if required):			
Printed name:		Date:	Printed name:		
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:					
<ul style="list-style-type: none"> <li style="width: 25%;">• Birth/Marriage/Divorce record <li style="width: 25%;">• Military record (DD-214) <li style="width: 25%;">• School transcripts <li style="width: 25%;">• Social Security Numident Report <li style="width: 25%;">• Certificate of Naturalization <li style="width: 25%;">• Hospital/medical record <li style="width: 25%;">• Passport <li style="width: 25%;">• 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		Adult (18 years or older)			
<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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					

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD

DOH 422-034 January 2015

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



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