

After recording, return to:
Jamie Russell
Janice Anderson Estate
11108 Chennault Beach Rd #216
Mukilteo, WA 98275

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Heather Beauvais
Affidavit No. 2021-4042
Date 08/31/2021

Grantor (Name of Decedent): Janice Anderson
Grantee (Heirs): Jamie Russell Terry Harder
Abbreviated Legal Description: LT. 32, BAKERVIEW WEST
Tax Parcel No.(s): P113646 / 4719-000-032-0000

CHICAGO TITLE CO.
62-008666

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

STATE OF WA
COUNTY OF Skagit ~~Snohomish~~

The undersigned, Jamie Russell, executes this affidavit relating to the estate of Janice Anderson (herein "Decedent"), who died on June 10th 2021 in the County of Skagit, State of WA, then being a resident of the City of Mount Vernon, 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
 - 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: Jamie Russell Daughter
Name and relationship: Terry Harder son
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:

LOT 32, PLAT OF BAKERVIEW WEST, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 17 OF PLATS, PAGES 13 THROUGH 16, 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.

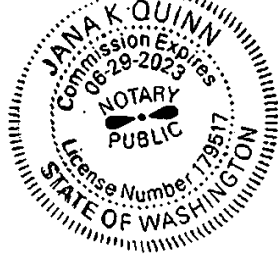
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Jamie C. Russell
Signature
Jamie C. Russell
Print Name

Dated: August 31, 2021

State of Washington
County of Snohomish

Signed and sworn to (or affirmed) before me on August 31 2021 by Jamie C. Russell
(name of person making statement).



Jana K. Quinn
Name: Jana K. Quinn
Notary Public in and for the State of Washington,
Residing at: Arlington
My appointment expires: 06/29/2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 12021-028751

DATE ISSUED: 07/09/2021
FEE NUMBER:FIRST AND MIDDLE NAME(S): JANICE COLLEEN
LAST NAME(S): ANDERSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 10, 2021
HOUR OF DEATH: 01:35 PM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2915 TIMOTHY PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 2915 TIMOTHY PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: SUNBURST, MTFATHER: FLOYD RANSOM ETHREDGE
MOTHER: GLADYS LAVERN [REDACTED]MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLEOCCUPATION: DISPATCHER
INDUSTRY: POLICE DEPARTMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOCITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: JUNE 17, 2021INFORMANT: JAMIE RUSSELL
RELATIONSHIP: DAUGHTER
ADDRESS: 11108 CHENNAULT BEACH RD #216, MUKILTEO, WA 98275

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: LORRI M. DENISONCAUSE OF DEATH:
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
B: TOBACCO USE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT RIGHT HIP FRACTURE,
DEEMED TO FRAIL TO SURGICALLY REPAIR. FRACTURE DATE: 5/23/21MANNER OF DEATH: ACCIDENT
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 RESPONSEDATE OF INJURY: MAY 23, 2021
HOUR OF INJURY: 06:30 PM
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S GARAGECERTIFIER NAME: DEBORAH HOLLIS
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLAGE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 11, 2021LOCATION OF INJURY: 2915 TIMOTHY PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL AT HOMECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 210610-554
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JUNE 17, 2021



Affidavit for Correction

Mail to: Center for Health Statistics
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	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	
	5. 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 foregoing is true and correct.

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

- 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). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

<p>Child under 18</p> <ul style="list-style-type: none"> 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. 	<p>Adult (18 years or older)</p> <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 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.
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*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

- 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.
- 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 proof documentation.
- 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 09 2021

H. Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer



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