

After recording, return to:
Charalene I. Turner
16447 Birdie Lane
Burlington, WA 98233

CHICAGO TITLE
020049074

Grantor (Name of Decedent): John James Turner
Grantee (Heirs): Charalene I Turner
Abbreviated Legal Description: Lot(s): 39, 40 and 41, Crater Lake Beach Club No. 1
Tax Parcel No.(s): P64695 / 3892-000-041-0006, P64693 / 3892-000-039-0000 and P64694 / 3892-000-040-0007

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, Charalene I Turner, executes this affidavit relating to the estate of John James Turner (herein "Decedent"), who died on 6-3-2010, in the County of Skagit, State of WA, then being a resident of the City of Anacortes, 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.

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(continued)

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: Charalene I. Turner, spouse

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:

Lots 39, 40 and 41, "PLAT OF CRATER LAKE BEACH CLUB, DIVISION NO. 1", according to the plat recorded in Volume 8 of Plats, Pages 51 and 52, records of Skagit County, Washington.

Situated in Skagit County, 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.

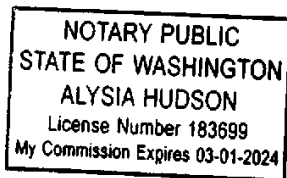
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Charalene I. Turner
by Deanna Babington her attorney in fact
Signature

Charalene I. Turner
by Deanna Babington her attorney in fact
Print Name

State of Washington
County of SKAGIT

Signed and sworn to (or affirmed) before me on September 09, 2021 by
Deanna Babington (name of person making statement).



Alysia Hudson
Name: Alysia Hudson
Notary Public in and for the State of Washington,
Residing at: Arlington
My appointment expires: 03.01.2024

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 458-10 Washington State Certificate of Death State File Number

1. Legal Name (include MA's if any) First Middle LAST Suffix 2. Death Date
John James Turner Jun 3, 2010

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death
M **83** Months Days Hours Minutes **[REDACTED]** **Skaagit**

7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education
[REDACTED] **Anacortes** **Washington** **High School Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces? Yes
No **Caucasian** **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 13b. City or Town
3105 K Avenue **Anacortes**

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?
Skaagit **Washington** **98221** Yes No Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
41 years **Married** **Charalene J. Holmes**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)
Shift Supervisor **Paper Industry**

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)
Charles William Turner **Ellen Agnes [REDACTED]**

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Charalene I. Turner **Wife** **3105 K Avenue** **Anacortes** **WA** **98221**

24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital:
Residence

25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code
3105 K Avenue **Anacortes** **WA** **98221**

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
Cremation **Northwest Crematory** **Anacortes, Washington**

31. Name and Complete Address of Funeral Facility 32. Date of Disposition
Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221 **June 8, 2010**

33. Funeral Director Signature X
Leanne Skellern

34. Enter the chain of events - 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.
 Cause of Death (See instructions and examples)
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. pulmonary Fibrosis Due to (or as a consequence of): Interval between Onset & Death 5 yrs
 b. Due to (or as a consequence of): Interval between Onset & Death
 c. Due to (or as a consequence of): Interval between Onset & Death
 d. Due to (or as a consequence of): Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy findings available to complete the Cause of Death?
Coronary Artery Disease, Hypertension, Hypothyroidism Yes No Yes No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?
 Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes Probably
 Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death No Unknown
 Suicide Pending Unknown if pregnant within the past year

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?
 [REDACTED] [REDACTED] [REDACTED] Yes No Unk

45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+4:
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

46. Describe how injury occurred 47. If transportation injury, specify:
 [REDACTED] Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as the physician 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.
 X *B.M. Murray* X

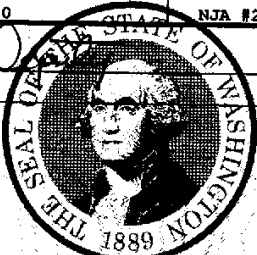
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs)
Bryan H. Murray, M.D 2511 M Avenue, Suite C Anacortes, WA 98221 **2050**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy)
[REDACTED] **Jun 7, 2010**

53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?
Dr. **MD00043410** **NJA #259** Yes No

57. Registrar Signature 58. Date Received (mm/dd/yyyy)
Carrie Anderson **JUN - 8 2010**

59. Amendments





Affidavit for Correction

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

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth) (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as accurate. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificates of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

- Birth Certificates**
- Only a parent, legal guardian of the child (if under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 - The name(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
 - Proof must be from a parent (more years old or have been established within five years of birth).
 - Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one-time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
 - Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
 - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

- Death Certificates**
- Only the informant, the funeral director, or executor's administrators (if evidence confirming such position is presented) may change the non-medical information.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 - If it is less than sixty days from a date of death please contact the county health department where the death occurred to make changes.

- Marriage/Dissolution (divorce) Certificates**
- Person's (and/or) spelling changes of name, date, or place of birth or residence may be changed by affidavit (with proof) by the person.
 - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 020 (Rev. 10/01)

CERTIFIED

JUN 09 2010

Skagit County Health Department

TT00275976