

After recording, return to:
Teresa Varnes
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

CHICAGO TITLE
620049129

Grantor (Name of Decedent): MELINDA JANE CUTLER
Grantee (Heirs): WILLARD ROY CUTLER
Abbreviated Legal Description: Lot(s): 15, Lone Tree Tracts
Tax Parcel No.(s): P67311 / 3948-000-015-0002

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

STATE OF WASHINGTON

COUNTY OF PIERCE

The undersigned, WILLARD (ROY) CUTLER, executes this affidavit relating to the estate of MELINDA JANE CUTLER (herein "Decedent"), who died on 7-23-2019, in the County of PIERCE, State of WASHINGTON, then being a resident of the City of TACOMA, County of PIERCE, 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: WILLARD (ROY) CUTLER, 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:

Tract 15, Lone Tree Tracts, according to the plat thereof, recorded in Volume 7 of Plats, page 1, records of Skagit County, State of 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.

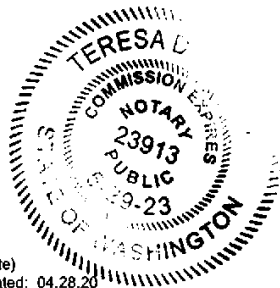
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Willard Roy Cutler
Signature

WILLARD ROY CUTLER
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on 9-20-21 by Willard Cutler
(name of person making statement).



Teresa D. [Signature]
Name: Teresa D. [Signature]
Notary Public in and for the State of Washington,
Residing at: Island Co
My appointment expires: 5/29/23

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-033796

DATE ISSUED: 08/06/2019

FEE NUMBER: 2781

FIRST AND MIDDLE NAME(S): MELINDA JANE
LAST NAME(S): CUTLER

COUNTY OF DEATH: PIERCE

DATE OF DEATH: JULY 23, 2019

HOUR OF DEATH: 07:25 PM

SEX: FEMALE AGE: 68 YEARS

SOCIAL SECURITY NUMB [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DA [REDACTED]

BIRTHPLACE: WENATCHEE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WILLARD ROY CUTLER

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: WILLARD ROY CUTLER

RELATIONSHIP: SPOUSE

ADDRESS: 1657 S GEIGER ST., TACOMA, WA 98465

CAUSE OF DEATH:

A: SEPTIC SHOCK

INTERVAL: HOURS

B: ASPIRATION PNEUMONIA

INTERVAL: HOURS

C: SMALL BOWEL OBSTRUCTION

INTERVAL: HOURS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: UNKNOWN

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY:

LOCATION OF INJURY: UNKNOWN

CITY, STATE, ZIP: UNKNOWN

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM

FACILITY OR ADDRESS: ALLENMORE HOSPITAL AND MEDICAL CENTER

CITY, STATE, ZIP: TACOMA, WASHINGTON 98405

RESIDENCE STREET: 1657 S GEIGER ST.

CITY, STATE, ZIP: TACOMA, WA 98465

INSIDE CITY LIMITS: NO COUNTY: PIERCE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: JAMES MELVILLE

MOTHER/PARENT: JANE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EDWARDS CREMATORY LLC

CITY, STATE: LAKEWOOD, WASHINGTON

DISPOSITION DATE: AUGUST 02, 2019

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER

ADDRESS: 3005 BRIDGEPORT WAY W

CITY, STATE, ZIP: UNIVERSITY PLACE, WASHINGTON 98466

FUNERAL DIRECTOR: JAIME N. MARTEN

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: MARK BURKER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 315 MLK JR WAY

CITY, STATE, ZIP: TACOMA, WA 98415

DATE SIGNED: JULY 31, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MARK BURKER, MD

LOCAL DEPUTY REGISTRAR: STACEY GAINES

DATE RECEIVED: AUGUST 01, 2019



Affidavit for Correction

10/05/2021 11:51 AM Page 4 of 4
Maine: Adult Population 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 information must match current information on record

Record Type: Birth Death Marriage 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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:

Table with 2 columns: The record now shows: and The true fact is: with rows 8-15.

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 2nd parent (if required):
Printed name: Date: Printed name: Date:

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:
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Passport • 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)
• If legal guardian(s), include certified court order proving guardianship
• Only the adult can change his or her birth certificate
• 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)*
• If the first or middle name is missing, three pieces of documentary proof are required
• After age one, a court order is required to change the last name
• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
• No proof is required to change the first or middle name*
• To correct parent's information, one documentary proof is required.
• To correct parent's birth date, place of birth, or name, one documentary proof is required
• To correct the sex of the child, one documentary proof 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.

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

DOH 422-034 January 2015

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

CERTIFIED



Anthony L-Chen, MD, MPH
DIRECTOR

DO NOT DESTROY

2703116

Certificate not valid unless the Seal of the State of

