

After recording, return to:
Thomas A. Callas
P.O. Box 368
Silver Creek, WA 98585

CHICAGO TITLE CO.
Cedec 49382

Grantor (Name of Decedent): Frank J. Callas
Grantee (Heirs): Barbara A. Brooke and Thomas A. Callas
Abbreviated Legal Description: Lot(s): 5 and 6, Skyline 6
Tax Parcel No.(s): P59393 / 3822-000-006-0004 and P59392 / 3822-000-005-0005

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, Barbara A. Brooke, executes this affidavit relating to the estate of Frank J. Callas (herein "Decedent"), who died on June 15, 2016, in the County of Skagit, State of Washington, then being a resident of the City of Anacortes, 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: Barbara A. Brooke Daughter
Name and relationship: Thomas A. Callas 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:

LOTS 5 and 6, SKYLINE NO. 6, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 64 THROUGH 67A, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

Barbara A. Brooke
Signature

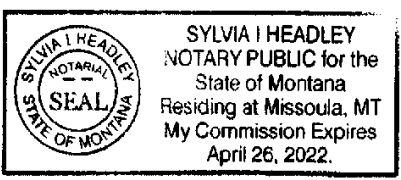
Thomas A. Callas
Signature

Barbara A. Brooke
Print Name

Thomas A Callas
Printed Name

State of ~~Washington~~ ^{sub} Montana
County of Missoula

Signed and sworn to (or affirmed) before me on 10-6-2021 by Barbara A Brooke
Thomas A Callas (name of person making statement).



Sylvia I Headley
Name: Sylvia I Headley
Notary Public in and for the State of ~~Washington~~ Montana
Residing at: Missoula
My appointment expires: 4-26-2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-024785

DATE ISSUED: 06/20/2016

FEE NUMBER: 000000029

GIVEN NAMES: FRANK JOHN
LAST NAME: CALLAS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 15, 2016
HOUR OF DEATH: 04:00 P.M.
SEX: MALE
AGE: 84 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2207 DUBLIN PLACE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 2207 DUBLIN PLACE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 24 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: DETROIT, MICHIGAN

FATHER/PARENT: JOHN CALLAS
MOTHER/PARENT: ANNA [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: VIRGINIA LEE HARMAN

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WOODBINE CEMETERY
CITY, STATE: PUYALLUP, WA
DISPOSITION DATE: JUNE 21, 2016

OCCUPATION: COMMUNICATIONS
INDUSTRY: RAILROAD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

INFORMANT: VIRGINIA L. CALLAS
RELATIONSHIP: WIFE
ADDRESS: 2207 DUBLIN PLACE, ANACORTES, WA 98221

CAUSE OF DEATH:

- A. BRADYCARDIA DUE TO JUNCTIONAL BLOCK
INTERVAL: 3 WEEKS
- B. INTERVAL:
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ADVANCED DEMENTIA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: JUNE 16, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA #400
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

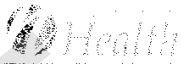
LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JUNE 16, 2016



Affidavit for Correction

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

WASH STATE HEALTH SERVICES
1000 4th Ave
Olympia, WA 98501-7814
360.457.4900



STATE OFFICE USE ONLY

State File Number: _____ Date Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Reason for Request: a. Error of Fact b. Error of Law

2. Name of Person Requesting Correction: _____ Relationship: Spouse Grandparent Informant Hospital

3. Reason Making Request: Spouse Grandparent Informant Hospital

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:

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

Signature: _____ Date: _____

INSTRUCTIONS

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentation proof must be submitted with the affidavit and include (but not be limited to):
- Birth Marriage Dissolution or Informational DD-216 Court Records Social Security Number Report
 - Certificate of Hospitalization Hospital Discharge Hospital Death Certificate Death Record Resident card (R-55)

- Birth Certificates**
1. Only a parent of legal age and at least 18 years old (17 if a parent) may change the birth certificate
 2. The proof(s) must match the record being corrected. For example, if the affidavit says the name should be Mary Ann Doe, the documentation show the name to be Mary Ann Doe.
 3. Documentation must be for at least one year old or more years old to help avoid errors five years or more.
- Child under 18**
- If legal age parent, you can sign birth certificate yourself.
 - If 18+ age one, you can sign birth certificate or sign as a witness. A witness on birth certificate can be any non-biologic relative of the first, middle or last name.
 - After age 18, it is not proper to request to change the last name.
 - No proof is needed to change the first or middle name.
 - To correct an error in name, you need documentary proof is required.
 - To correct the one or the other, you need documentary proof from a witness (not a hospital report).
- Adults over 18**
- In Washington, you can change a child's birth certificate.
 - If the first or middle name is being changed, you will need documentary proof as stated.
 - If the last name is changed, you will need a divorce or court order, or proof of a court order or other documentary proof as required.
 - To correct parent's birth date, place of birth, or name, you need documentary proof as required.
- * To correct any part of the record, you need signatures from both parents listed on the certificate (or guardian if one or both are deceased), and a court certificate with letters. This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DDM 423-032)

- Death Certificates**
1. Only a legal parent, the next of kin, or an executor/administrator of a decedent's estate, or is present, may change the non-legal information. Proof is required to make changes requested by a family member not listed as the informant on the certificate who family members are spouse or registered domestic partner, living or dead, child or stepchild. The information depends on what was already listed. Medical status requires a certified copy of a death certificate unless other than the informant is requesting the change.
 2. The medical information (cause of death) may be changed only by the certifying physician and is not subject to change.

- Marriage/Dissolution (Divorce) Certificates**
1. Personal birth date or social changes in name, date or place of birth, or identity, may be changed only in person with one spouse or documentary proof.
 2. To change the date of birth of marriage and dissolution, the affidavit must include a court order, a divorce decree, or a court order that complies with a Washington affidavit.

CERTIFIED

JUN 20 2018

[Signature]
Health Services Director

6600004914