

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

CHICAGO TITLE CO.
620049382

Grantor (Name of Decedent): Virginia L. 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 Virginia L. Callas (herein "Decedent"), who died on June 28, 2021, 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

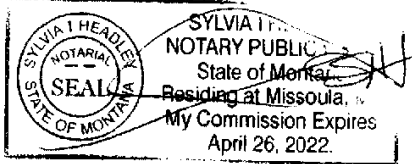
Thomas A. Callas
Signature

Barbara A. Brooke
Print Name

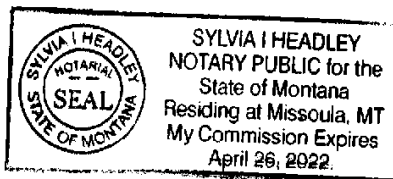
Thomas A Callas
Printed Name

State of ~~Washington~~ ^{MT} 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



DATE ISSUED: 07/27/2021
FEE NUMBER:

CERTIFICATE NUMBER: 2021-031069

FIRST AND MIDDLE NAME(S): VIRGINIA LEE
LAST NAME(S): CALLAS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 28, 2021
HOUR OF DEATH: 09:15 AM FOUND
SEX: FEMALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: ROCKY HILL, AR

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: TOM CALLAS
RELATIONSHIP: SON
ADDRESS: PO BOX 368, SILVER CREEK, WA 98585

CAUSE OF DEATH:
A: PRESUMED ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LONG TERM TOBACCO
DEPENDENCY

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: 2207 DUBLIN PLACE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2207 DUBLIN PLACE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER: MILLARD HARMAN
MOTHER: DOROTHY [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WOODBINE CEMETERY

CITY, STATE: PUYALLUP, WASHINGTON
DISPOSITION DATE: JULY 07, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL
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 RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 28, 2021

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 210628-460
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JULY 01, 2021



Affidavit for Correction

10/07/2021 10:04 AM Page 4 of 4
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:	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 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 forgoing is true and correct.

14a. Signature: _____ Date: _____
 Printed name: _____

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

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).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement 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.

Adult (18 years or older)

- 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.

*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.



CERTIFIED

JUL 27 2021

Howard Leibrand

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



0 4 5 0 0 5 8 8

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