

After recording, return to:
Linda K Cox
41766 North Shore Ln
Concrete, WA 98237

CHICAGO TITLE
620048232

Grantor (Name of Decedent): Don D. Cox
Grantee (Heirs): Linda K. Cox
Abbreviated Legal Description: Lot(s): 40 and 41, Block: F, Cape Horn on the Skagit Div. 2
Tax Parcel No.(s): P63214 / 3869-006-041-0003

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, Linda K. Cox, executes this affidavit relating to the estate of Don D. Cox (herein "Decedent"), who died on 7-8-2015 in the County of Skagit, State of Washington, then being a resident of the City of Concrete, 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:) _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(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: Linda K. Cox, 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 40 AND 41, BLOCK F, "CAPE HORN ON THE SKAGIT DIVISION NO. 2", AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 14 THROUGH 19, INCLUSIVE, 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.

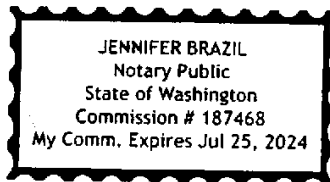
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Linda K. Cox
Signature

Linda K. Cox
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on 12-2-2021 by Linda K. Cox
(name of person making statement).



Jennifer Brazil
Name: Jennifer Brazil
Notary Public in and for the State of Washington,
Residing at: Skagit County
My appointment expires: 7-25-2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-019412

DATE ISSUED: 09/29/2015

FEE NUMBER: 000000029

GIVEN NAMES: DON DEWAIN
LAST NAME: COX

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: July 08, 2015
HOUR OF DEATH: 07:50 A.M.
SEX: MALE
AGE: 71 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: GREENWAY, CLAY CNTY, ARKANSAS

MARITAL STATUS: MARRIED
SPOUSE: LINDA GRAHAM

OCCUPATION: TRUCK DRIVER
INDUSTRY: COMMERCIAL TRANSPORTATION
EDUCATION: 8 YEARS
US ARMED FORCES? NO

INFORMANT: LINDA COX
RELATIONSHIP: SPOUSE
ADDRESS: 41766 NORTH SHORE LANE, CONCRETE, WA, 98237

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 41766 NORTH SHORE LANE
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 41766 NORTH SHORE LANE
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: VERNON COX
MOTHER: BEULAH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMA
CITY, STATE: FERNDALE, WA
DISPOSITION DATE: JULY 20, 2015

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM WA 98226
FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:

- A. METABOLIC ACIDOSIS
INTERVAL: 3 DAYS
B. CONGESTIVE HEART FAILURE
INTERVAL: 5 YEARS
C. CORONARY ARTERY DISEASE
INTERVAL: 10 YEARS
D. DIABETES
INTERVAL: 15 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

RENAL INSUFFICIENCY, ABDOMINAL AORTIC ANEURYSM, LOWER EXTREMITY CELLULITIS

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DANIEL H. GARCIA, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 7438 SOUTH D AVENUE, SUITE A
CITY, STATE, ZIP: CONCRETE WA 98237
DATE SIGNED: JULY 14, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

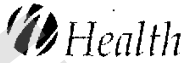
ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 416
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JULY 15, 2015



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

Form fields for State File Number, Fee Number, Initials, Date, Affidavit Number, Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record (Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other).

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:

Table with 2 columns: The record now shows, The true fact is. 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

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
- Hospitalization
- Hospitalized bill record
- Passport
- Green/Permanent Resident card (I-551)

- Birth Certificates
1. Only (parents), 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
- If legal guardian(s), include certified court order proving guardianship
- 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)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required.
*To change 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 proof.
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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

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 executor/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

CERTIFIED

SEP 29 2015

Signature of Shugh County Health Department

0000000011