

After recording, return to:
Lori Cornelius
561 SE Cole Road
Shelton, WA 98584

CHICAGO TITLE COMPANY
620049736

Grantor (Name of Decedent): Fred Owen Brehmeyer _____
Grantee (Heirs): Lori Cornelius and Cody Brehmeyer _____
Abbreviated Legal Description: LT 16, PLAT OF CEDAR HEIGHTS PUD 1, PHASE 1, SKAGIT
COUNTY, WA

Tax Parcel No.(s): P125712 / 4917-000-016-0000

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, __Lori Cornelius and Cody Brehmeyer__, executes this affidavit relating to the estate of __Fred Owen Brehmeyer__ (herein "Decedent"), who died on __December 9, 2021__, in the County of __Thurston__, State of __Washington__, then being a resident of the City of __Yelm__, County of __Thurston__, 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

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 2021-5957
Date 12/30/2021

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

- 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:) _____

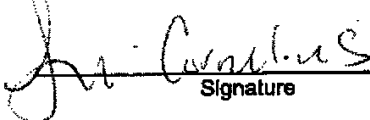
Names of All Heirs of the Decedent

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: Lori Cornelius, Spouse _____
- Name and relationship: Cody Brehmeyer, 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:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
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.



Signature

Lori Cornelius
Print Name



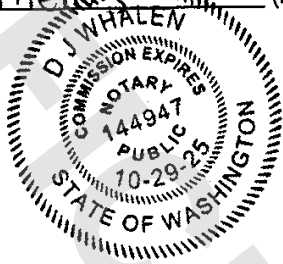
Signature

Cody Brehmeyer
Print Name

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

State of Washington
County of King

Signed and sworn to (or affirmed) before me on 12-29-2021 by _____
Lori Cornelius (name of person making statement).



[Signature]
Name: D J Whalen
Notary Public in and for the State of Washington,
Residing at: Sammamish
My appointment expires: 10-29-25

State of Washington
County of King

Signed and sworn to (or affirmed) before me on 12-29-2021 by _____
Cody Brehmeyer (name of person making statement).



[Signature]
Name: D J Whalen
Notary Public in and for the State of
Washington,
Residing at: Sammamish
My appointment expires: 10-29-25

EXHIBIT "A"

Order No.: RES70184877

For APN/Parcel ID(s): P125712 / 4917-000-016-0000

LOT 16, PLAT OF CEDAR HEIGHTS PUD 1, PHASE 1, ACCORDING TO THE PLAT THEREOF,
RECORDED JANUARY 19, 2007 UNDER RECORDING NO. 200701190116, RECORDS OF SKAGIT
COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



1889

CERTIFICATE NUMBER: 2021-063422

DATE ISSUED: 12/14/2021
FEE NUMBER:FIRST AND MIDDLE NAME(S): FREDERICK OWEN
LAST NAME(S): BREHMEYERCOUNTY OF DEATH: THURSTON
DATE OF DEATH: DECEMBER 09, 2021
HOUR OF DEATH: 07:30 AM
SEX: MALE AGE: 53 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 19805 161ST WAY SE
CITY, STATE, ZIP: YELM, WASHINGTON 98597HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 19805 161ST WAY SE
CITY, STATE, ZIP: YELM, WA 98597
INSIDE CITY LIMITS: NO COUNTY: THURSTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 MONTHSBIRTH DATE: [REDACTED]
BIRTHPLACE: BELLEVUE, WAFATHER: HENRY EUGENE BREHMEYER
MOTHER: BARBARA LOU [REDACTED]MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LORI CORNELIUSMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SOUTH SOUND CREMATORYOCCUPATION: MACHINIST
INDUSTRY: AEROSPACE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESCITY, STATE: LACEY, WASHINGTON
DISPOSITION DATE: DECEMBER 16, 2021INFORMANT: BARBARA WILSON
RELATIONSHIP: MOTHER
ADDRESS: 19805 161ST WAY SE YELM, WA 98597

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WASHINGTON - LACEY

ADDRESS: 2830 WILLAMETTE DR NE SUITE G
CITY, STATE, ZIP: LACEY, WASHINGTON 98516
FUNERAL DIRECTOR: LOGAN T. PHILLIPPECAUSE OF DEATH:
A: DIFFUSELY METASTATIC ADENOCARCINOMA OF THE LUNG
INTERVAL: 5 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: RIGHT MIDDLE CEREBRAL
ARTERY STROKE, PULMONARY EMBOLISMMANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: PAUL D. BUNGE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 4200 6TH AVENUE SE, SUITE 201
CITY, STATE, ZIP: LACEY, WASHINGTON 98503
DATE SIGNED: DECEMBER 13, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 21-2839-12 NJA
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CANDACE MCCUTCHEN
DATE RECEIVED: DECEMBER 13, 2021



Affidavit for Correction

12/30/2021 10:11 AM
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

late File Number	Fee Number	Initials	Date	Affidavit Number
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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: First Middle Last	2. Date of Event: Month/Day/Year	3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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)		

Return Mailing Address: P.O. 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:

The record currently shows:	The true fact is:
9.	
10.	11.
12.	13.

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

1a. Signature: Printed name: Date:	14b. Signature of 2nd parent (if required): Printed name: Date:
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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 Acknowledgment 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.
- *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.

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.

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

D. Abdelmalek, MD, MPH

Dimyana Abdelmalek, MD, MPH
HEALTH OFFICER/REGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON



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