202203280104

03/28/2022 02:41 PM Pages: 1 of 5 Fees: \$207.50

After recording mail to:

Stiles & Lehr Inc., P.S. Sedro Woolley, WA 98284 SKAGIT COUNTY WASHINGTON **REAL ESTATE EXCISE TAX** ZUZZ 1217 MAR 2 8 2022

P.O. Box 228 / 925 Metcalf Street Amount Paid \$ Skagit Co. Treasurer Deputy Address: 6441 Dennis Lane, Sedro-Woolley, WA 98284 Legal: Tract 1 of Short Plat 73-78 AF#892039 which is a portion of the SE1/4 of the NW1/4, Section 1, Township 35 North, Range 4 East, W.M. Parcel No.: P35516 LACK OF PROBATE REAL ESTATE AFFIDAVIT State of Washington) ss. County of Skagit The affiant, RUTH D. SMITH, executes this affidavit relating to the estate of KENNETH D. SMITH, the Decedent, who died on January 17, 2019, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto. RUTH D. SMITH, being first duly sworn, depose and say: 1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below. Relationship of the Affiant to the Decedent 2. The affiant is (check one): The lawful surviving spouse of the Decedent Registered domestic partner of the Decedent Surviving child of the Decedent One 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. County, Washington. Other (identify:) _

Names of All Heirs of the Decedent

- 3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
 - (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Full Name	Age	Relationship to Decedent
Ruth D. Smith 6441 Dennis Lane Sedro-Woolley, WA 98284	legal	spouse
Ronald D. Smith 5026 N. Bristol St. Tacoma, WA 98407	legal	son
Todd A. Smith 4331 Lake WA Blvd. N.E. Kirkland, WA 98033	legal	son
Christine G. Heidal 24238 Bramble Lane Sedro-Woolley, WA 98284	legal	daughter

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 1 of Skagit County Short Plat 73-78, approved November 27, 1978, recorded November 28, 1978, in Volume 3 of Short Plats, page 44, under Auditor's File No. 892039, being a portion of the Southeast ¼ of the Northwest ¼ of Section 1, Township 35 North, Range 4 East, W.M.

Subject to easements and restrictions of record.

Reserving to the Grantors herein, a non-exclusive easement for ingress and egress and utilities over and across the Westerly 60 feet of that portion of the subject property lying North of the county road, as delineated on the face of said Short Plat.

INCLUDING manufactured home 1980 Pacifica 64x28 Serial Number SD3010AB (title eliminated)

5. Status of the Will (if any)
 The decedent left no Will that devises real property. The decedent left a Will that devises real property. The decedent's estate is not being probated.
The decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:
 (1) Share of surviving spouse or state registered domestic partner. The surviving spouse or state registered domestic partner shal receive the following share: (a) All of the decedent's share of the net community estate.
DATED: March 22, 2022 Lutl D. Smith
Ruth D. Smith - Affiant
STATE OF WASHINGTON)
) ss. COUNTY OF SKAGIT)

On this day personally appeared before me **Ruth D. Smith** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 22 day of Muvch, 2022.

NOTARY PUBLIC WASHINGTON

NOTARY PUBLIC in and for the State of Washington, residing at

Commission Expires: 10-1-23

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 01/18/2019 FEE NUMBER:

CERTIFICATE NUMBER: 2019-002339

FIRST AND MIDDLE NAME(S): KENNETH DWIGHT LAST NAME(S): SMITH

COUNTY OF DEATH: SKAGIT DATE OF DEATH: JANUARY 17, 2019 HOUR OF DEATH: 01:05 AM

SEX: MALE AGE: 77 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 24, 1941 BIRTHPLACE: OGDEN, UT

MARITAL STATUS: MARRIED SPOUSE: RUTH LEVERT

OCCUPATION: MECHANIC INDUSTRY: HEAVY EQUIPMENT

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: RUTH SMITH RELATIONSHIP: SPOUSE

ADDRESS: 6441 DENNIS LANE SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH: A: LUNG CANCER INTERVAL: 1 MONTH

INTERVAL:

C:

INTERVAL: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 6441 DENNIS LANE

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 6441 DENNIS LANE CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER/PARENT: ELIAS KENT SMITH MOTHER/PARENT: VERLA MARY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: JANUARY 21, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: TOBI G. STIDMAN

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: JANUARY 18, 2019

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: JANUARY 18, 2019

202203280104

12	Westergree State Department of		Α	ffidavit for	r Corre	ection	03/28/2022	021:41oP			
	Health This is a legal document. Complete in ink and d							P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300			
				STATE OF	FICE USE						
State F	ile Number	F	ee Number			Initials	Date		Affidavit Num	ber	
			Required in	formation mus	t m at ch cu	rrent info	ormation on reco	ord	- 		
R	ecord Type:	Birth	Marriage		Dissolution	(Divor	ce)				
₹eqi	Name on Record:						2. Date of Event:		3. Place of Ev		
Required	Father/Parent Full Le	egal Name (Sp	ouse A for Mar	iage or Dissolution	n) 5. Mothe	r/Parent Fu	ıll Birth Name (Spo	use B for	Marriage or Di	ssolution)	
6.	Name of Person Red	questing Correc	tion:	Relationshi Person on	ip to 🔲 Record: 🔲	Self Parent(s)	☐ Guardian ☐ Funeral Direct		formant ther (specify)	☐ Hospital	
7. Retur	n Mailing Address:			-							
Telepho ()	ne Number:				Email Ad	dress:					
	Use the secti	on below for	requesting a	ny changes on	the recor	d. The red	cord is incorrect	or inco	mplete as fo	lows:	
	Т	he record nov	v shows:				The tr	ue fact is	s:		
8.					9.						
10.					11.				•		
12.					13.						
14.					15.						
-	l declare un	der penalty o	f perjury und	er the laws of t	he State o	f Washin	gton that the for	going is	true and co	rrect	
16a. Sig	nature:				16b. Sigr	nature of 2 ^r	parent (if required):			
Printed i	name:			Date:	Printed n	ame:			Da	ite:	
				CTIONS - go to w					,		
		Oriver's licens	e, Social Secu	ity card or hospi	tal decorati	ve birth ce	rtificate cannot be	used as	proof		
	d documentary proof										
	th/Marriage/Divorce rtificate of Naturaliza		lilitary record (E ospital/medical		School tra Passport	nscripts		•	umident Report : Resident card		
	ertificates	11011	ospitai/medical	Tecord	assport		• Oleeliii	SITTATION	rtesident card	(1-001)	
2. The Ma	ly a parent(s), legal (e proof(s) must ma ry Ann Doe.	tch the asserte	d fact(s). For ex	cample, if the affida	avit says the	name sho				he name to be	
	cumentary proof mus	st be five or mo	re years old or	established within			11. 3				
Child un		lude certified co	ourt order provis	na auardianehin		8 years or		r hirth ce	rtificate		
• Up	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)*					 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 					
	certificate (can be a er age one, a court o						le and/or last name	is misspe	elled, or date of	birth is incorrect,	
	No proof is required to change the first or middle name*						ocumentary proof ar				
	To correct parent's information, one documentary proof is required. To correct the sex of the child, one documentary proof from a medical						nt's birth date, place	or birth,	or name, one o	ocumentary proo	
pro	vider is required					quired					
*To chang	ge any part of the name										
Doath (Inis ar Certificates	tidavit cannot	pe usea to ad	a tatner to a birt	n certificat	e (use pati	ernity acknowledge	ment tori	M DOH 422-03	2)	
1. Or inforce co	ormation. Proof is re gistered domestic pa py of a court order if e medical informatio	quired to make irtner, parent, s someone other on (cause of dea	changes if requibling or adult control than the informath) may be cha	uested by a family in hild or stepchild). The mant is requesting t	member not The informar the change.	listed as that t may char	ne informant on the nge marital status w	certificate ith proof.	e (family membe Marital status	ers are spouse or	

- riage/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 documentary proof.

 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 October 2015



JAN 1 8 2019





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