

After Recording, please return to:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233

Recording Cover Page

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/12/2022

<p>Document Title(s) (for transactions contained therein):</p> <p>Affidavit (Lack of Probate)</p>
<p>Reference Number(s) of Documents assigned or released: (on page __ of documents(s))</p>
<p>Grantor(s)</p> <p>The Estate of Sondra E. Blake</p> <p>Additional Names on page ___ of document.</p>
<p>Grantee(s)</p> <p>Charles R. Blake</p> <p>Additional Names on page ___ of document.</p>
<p>Legal Description (abbreviated i.e. lot, block, plat or section, township, range)</p> <p>Lot 63, Nookachamp Hills PUD Phase IIA</p> <p>Additional legal is on page 7 of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p>4821-000-063-0000/P120743</p>
<p>The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.</p>

Return Address:
Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
205392-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee CHARLES A BLAKE, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is
HUSBAND of SONDRA E BLAKE
Relationship to decedent *Decedent/Grantor*

who died on MARCH 21, 2022 at
Date

MOUNT VERNON SKAGIT WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Lot 63, Nookachamp Hills PUD Phase IIA

Assessor's Property Tax Parcel/Account Number: 4821-000-063-0000/P120743
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

CHARLES R BLAKE 75 HUSBAND

23767 KANLOOP COURT, MOUNT VERNON WA 98274

Full name, age, relationship, address

SHERAN BLAKE FISCHER 43 DAUGHTER

228 DELTA VIEW DR, EUREKA, MT 59917

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: April 22, 2022
CHARLES R BLAKE

Affiant's full name

360 770-1908

Telephone number

23767 KAMLOOP COURT

MOUNT VERNON WA 98274

City State Zip Code

Charles R Blake 4/22/22

Signature Date

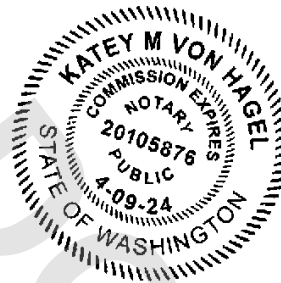
STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 22 day of April, 2022 by

Katey M. Von Hagel
Signature

Notary
Title

My appointment expires: 4-9, 2024



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Page 5 of 7

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-016518

DATE ISSUED: 03/30/2022
FEE NUMBER: 1706064

FIRST AND MIDDLE NAME(S): SONdra ELISABETH
LAST NAME(S): BLAKE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 21, 2022
HOUR OF DEATH: 07:15 AM
SEX: FEMALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 23767 KAMLOOP CT.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 23767 KAMLOOP CT.
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

BIRTH DATE:
BIRTHPLACE: PARIS FRANCE

FATHER: UNKNOWN
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CHARLES R BLAKE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: SELF EMPLOYED
INDUSTRY: PREMIUM AUDITING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: MARCH 30, 2022

INFORMANT: CHARLES R BLAKE
RELATIONSHIP: SPOUSE
ADDRESS: 23767 KAMLOOP CT. MOUNT VERNON, WA. 98274

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRENT J. GLENN

CAUSE OF DEATH:
A. NEURODEGENERATIVE DISORDER OF UNKNOWN TYPE, WITH PARKINSONISM
INTERVAL: 2 1/2 YEARS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NEW ONSET GENERALIZED SEIZURES

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 24, 2022

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 29, 2022



Affidavit for Correction

05/12/2022 11:58 AM Made by: 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

State File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

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:

8. The record currently shows:
9. The true fact is:
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, 14b. Signature of 2nd parent (if required)
Printed name, Date

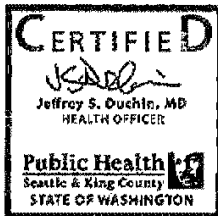
INSTRUCTIONS - go to www.doh.wa.gov for more information

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
1. 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.
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. Proof documentation must be five or more years old or established within five years of birth.
4. 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
1. 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.
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 proof documentation.
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.



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



0 5 4 0 7 6 9 3

EXHIBIT "A"

LEGAL DESCRIPTION

Parcel Number: 4821-000-063-0000/P120743

Lot 63, "PLAT OF NOOKACHAMP HILLS PUD PHASE IIA," as per plat recorded on September 15, 2003, under Auditor's File No. 200309150157, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.