# 202205270353

05/27/2022 02:58 PM Pages: 1 of 7 Fees: \$209.50 Skagit County Auditor

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REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY DWA INOTHESON
DATE 5.27.22

DOCUMENT TITLE(S): AFFIDAVIT OF SURVIVING SPOUSE FOR

LACK OF PROBATE AND CLAIM OF

EXEMPTION BASED UPON INHERITANCE

OF REAL ESTATE

REFERENCE NUMBER(S): N/A

GRANTOR: JOYCE E. BREITHAUPT, AS SURVIVING

SPOUSE OF WILLIAM C. BREITHAUPT

(DECEASED)

GRANTEE: JOYCE E. BREITHAUPT

ASSESSOR'S PARCEL NO.: P125811 (4917-000-115-0000)

<u>LEGAL DESCRIPTION</u>: Lot 115, PLAT OF CEDAR HEIGHTS PUD,

PHASE 1, according to the plat thereof, recorded January 19, 2007, under Auditor's File No. 200701190116, records of Skagit

County, Washington

Situated in Skagit County, Washington.

### AFFIDAVIT OF SURVIVING SPOUSE FOR LACK OF PROBATE AND CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE

STATE OF WASHINGTON	)
COUNTY OF SKAGIT	) ss )

JOYCE E. BREITHAUPT, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of WILLIAM C. BREITHAUPT, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the real property located in Skagit County, Washington, commonly known as 325 Shantel Street, Mount Vernon, Washington, and legally described as set forth on Exhibit "A" attached hereto and incorporated herein by this reference.

SECOND, I am the surviving spouse of WILLIAM C. BREITHAUPT and we owned this property as husband and wife.

THIRD, that said Decedent passed away on December 25, 2019, in Skagit County, State of Washington. Decedent's original/certified Death Certificate is recorded separately, with a copy attached hereto as Exhibit "B" and incorporated herein by this reference.

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditors of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

Lack of Probate Affidavit - Page 1

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<u>Name</u>	<u>Relationship</u>	<u>Age</u>
JOYCE E. BREITHAUPT 325 Shantel Street Mount Vernon, WA 98274	Spouse	Legal
KEVIN PATRICK FROBEL 7500 W. Lake Mead Blvd, Suite 9-536 Las Vegas, NV 89128	Stepson	Legal
DONNA LEE DODSON 4515 Broadway Street Mount Vernon, WA 98274	Daughter	Legal
JANIS BREITHAUPT KILLIAN 53 Maybrooke Road Rochester, NY 14618	Daughter	Legal
ARTHUR EDWIN BREITHAUPT 2270 Cliffs Road Florence, WI 54121	Son	Legal
KELLY CAROLINE GILL 414 Walnut Street Georgetown, KY 40324	Daughter	Legal

EIGHTH, I JOYCE E. BREITHAUPT, affirm that I am the sole and rightful heir to the property legally described above.

NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(h).

DATED this 25th day of May 2022.

JOYCE E. BREITHAUPT

STATE OF WASHINGTON	)
	) ss
COUNTY OF SKAGIT	)

I certify that I know or have satisfactory evidence that JOYCE E. BREITHAUPT is the individual who appeared before me and said individual acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

#### EXHIBIT "A"

Assessor's Parcel Number: P125811 (4917-000-115-0000)

Lot 115, PLAT OF CEDAR HEIGHTS PUD, PHASE 1, according to the plat thereof, recorded January 19, 2007, under Auditor's File No. 200701190116, records of Skagit County, Washington

Situated in Skagit County, Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any.

## ATE OF WASHINGTON DEPARTMENT OF HEALTH

#### **CERTIFICATE OF DEATH**

DATE ISSUED: 01/02/2020 FEE NUMBER: 1706093

CERTIFICATE NUMBER: 2019-057411

FIRST AND MIDDLE NAME(S): WILLIAM CURTIS LAST NAME(S): BREITHAUPT

COUNTY OF DEATH: SKAGIT DATE OF DEATH: DECEMBER 25, 2019 HOUR OF DEATH: 01:00 PM

SEX: MALE SOCIAL SECURITY NUMBER: 1 AGE: 83 YEARS

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

BIRTH DATE: NOVEMBER 08, 1936 BIRTHPLACE: SPRINGFIELD, MA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JOYCE ELLEN JOHNSON

OCCUPATION: BUSINESS OWNER

INDUSTRY: RETAIL

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: JOYCE ELLEN BREITHAUPT

RELATIONSHIP: SPOUSE

ADDRESS: 325 SHANTEL AVENUE MOUNT VERNON,WA 98274

CAUSE OF DEATH: A: LUNG CANCER

INTERVAL: 1.5 YEARS

INTERVAL:

C:

INTERVAL:

D: 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: 325 SHANTEL AVENUE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 325 SHANTEL AVENUE CITY, STATE, ZIP: MOUNT VERNON, WA 98274 COUNTY: SKAGIT INSIDE CITY LIMITS: YES

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: ERWIN CARL BREITHAUPT MOTHER: PEARL

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

CITY, STATE: SEATTLE, WASHINGTON DISPOSITION DATE: JANUARY 03, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE, C CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036 FUNERAL DIRECTOR: MANUELA A. BARBER

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WA 98273

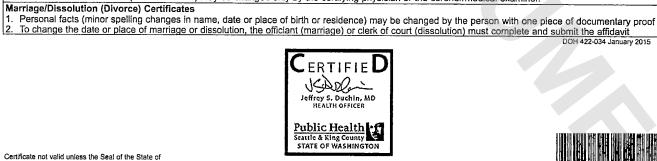
DATE SIGNED: DECEMBER 27, 2019

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL DATE RECEIVED: JANUARY 02, 2020

#### 202205270353

	Affidavit for Correction 05/27/2022 08:58:PM:nReigner/Family Statistics						H <b>Zaimf S</b> tatistics		
	<b>#</b> Health	This is	a legal docu	ment. Com	plete in ink and d	lo not alter.		P.O. Box 47 Olympia, W 360-236-43	A 98504-7814
	STATE OFFICE USE ONLY								
Sta	te File Number	Fee I	Number		Initials	Date		Affidavit	Number
		Re	quired inform	ation must	match current info	rmation on reco	rd		
Record Type: Birth Death Marriage						Dissolution	(Divorc		
e	1. Name on Record:					2. Date of Event:		3. Place	
宣	4 Enthor/Deport Full Birth M	ant ata	A for \$40000000	- Di l t \		1.5.400 Jr. 1997			r County)
Required	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolut				5. Mother/Parent Fu		use B for		
۵	6. Name of Person Request	ing Correction	· · · · · · · · · · · · · · · · · · ·	Relationship	to Self	Guardian			et invalder
ł	o. Name of Ferson Nequesti	ing conector			Record: Parent(s)	☐ Guardian ☐ Funeral Directo		ormant ner (snecify)	☐ Hospital
7. F	eturn Mailing Address:							.c. (opco.//)	
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Tele	phone Number:				Email Address:			<u> </u>	
(	)								
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10.					11.				
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	I declare under pe	enalty of pe	rjury under th	e laws of th	e State of Washing	ton that the forg	joing is	true and	correct
16a	Signature:				16b. Signature of 2r				
Prin	ted name:		Da	te:	Printed name:				Date:
			INCERTION OF THE		<u> </u>				
	Drivor	c licence. Se	INSTRUCTION	IS - go to www	w.doh.wa.gov for more	information			<del>_</del>
Rea	uired documentary proof mus	t be submitte	d with the affiday	it and include	I decorative birth cer	te Examples of doc	used as	proof incl	niqo.
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									
	Certificate of Naturalization	<ul> <li>Hospi</li> </ul>	tal/medical recor	d •	Passport	Green/Pe	rmanent F	Resident c	ard (I-551)
	h <mark>Certificates</mark> Dnly a parent(s), legal guardia	n (if the child	is under 18) or	the named inc	lividual (if 18 or older)	may change the hir	th cortific	ata	
2.	The proof(s) must match the	asserted fac	t(s). For example	, if the affidav	it says the name shoul	ld be Mary Ann Doe	the proc	of must sho	ow the name to be
ľ	/lary Ann Doe					•	•		
3. L	Documentary proof must be fived under 18	ve or more ye	ars old or establi	ished within fiv	re years of birth Adult (18 years or o	older)			
•	If legal guardian(s), include of				<ul> <li>Only the adult ca</li> </ul>	an change his or he	r birth ce	rtificate	
•	Up to age one, last name car	be changed	once to either pa	arents' name o		ldle name is missinç	g, three pi	ieces of do	cumentary proof are
	certificate (can be any combi After age one, a court order is	nation of the	first, middle or la	st names)*	required	and/or last name	ia miaana	llad as dat	e of birth is incorrect,
•	No proof is required to chang	e the first or r	middle name*			cumentary proof are			e or birth is incorrect,
•	To correct parent's informatio	n, one docum	entary proof is re	equired.	<ul> <li>To correct paren</li> </ul>				e documentary proof
•	To correct the sex of the child provider is required	i, one docume	antary proof from	a medical	is required				
	*To change any part of the name certificate with request.								
Das		annot be use	ed to add a fath	er to a birth c	ertificate (use patern	ity acknowledgme	nt form [	OOH 422-0	32)
Dea 1.	th Certificates  Only the informant, the funer	ral director. or	executors/admir	nistrators (if ev	idence confirming suc	h position is presen	ted) may	change the	non-medical
	information. Proof is required or registered domestic partner	d to make cha er, parent, sib	inges if requested	d bv a family r	nember not listed as th	ne informant on the	certificate	e (family m	embers are shouse
2.	informant is requesting the ci		may be changed	only by the co	ertifying physician or th	ne coroner/medical	evaminer		





Marriage/Dissolution (Divorce) Certificates