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06/07/2022 03:20 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY <u>Lena Thompson</u> DATE <u>6.7.22</u>

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: MICHAEL J. SMITH

GRANTEE: PUBLIC

ASSESSOR'S PARCEL NO.: P35522 (350401-2-010-0016)

LEGAL DESCRIPTION: Lot 1, Short Plat No. 93-062, recorded
September 6, 2000 under Skagit County
Auditor's File No. 200009060022, approved
September 5, 2000, being a portion of the
Northwest 1/4 and Southwest 1/4 of Section 1,
Township 35 North, Range 4 East, W.M.

Situate in the County of Skagit, State of
Washington.

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

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

MICHAEL J. SMITH, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of SHERRY A. SMITH, 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 23314 Hoogdal Road, Sedro Woolley, Washington 98284, and legally described as set forth on Exhibit "A" attached hereto and incorporated herein by this reference.

SECOND, I am the surviving spouse of SHERRY A. SMITH and we owned this property as husband and wife.

THIRD, that said Decedent passed away on January 4, 2021, 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.

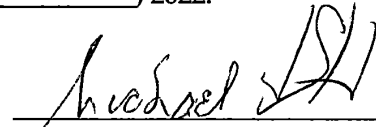
SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
MICHAEL J. SMITH 23314 Hoogdal Road Sedro Woolley, WA 98284	Spouse	Legal
ALEXANDRIA M. SMITH-TURNER 20314 Sunne Street Burlington, WA 98233	Granddaughter	Legal

EIGHTH, I, MICHAEL J. SMITH, 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 2ND day of June, 2022.

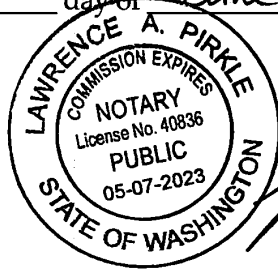


 MICHAEL J. SMITH

STATE OF WASHINGTON)
) ss.
 COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that MICHAEL J. SMITH is the individual who appeared before me and said individual acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 2ND day of June, 2022.



 LAWRENCE A. PIRKLE

 NOTARY PUBLIC in and for the
 State of Washington,
 Residing at Mount Vernon
 My Commission Expires: 5/7/23

EXHIBIT "A"

Assessor's Parcel Number: P35522 (350401-2-010-0016)

Lot 1, Short Plat No. 93-062, recorded September 6, 2000 under Skagit County Auditor's File No. 200009060022, approved September 5, 2000, being a portion of the Northwest 1/4 and Southwest 1/4 of Section 1, Township 35 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-000383

DATE ISSUED: 01/11/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHERRY ANN
LAST NAME(S): SMITH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 04, 2021
HOUR OF DEATH: 05:10 PM
SEX: FEMALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 23314 HOOGDAL ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 23314 HOOGDAL ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BERKELEY, CA

FATHER: HOWARD VINCENT LINDBERGH
MOTHER: ALMA AVINELL [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAEL JOSEPH SMITH

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: PSYCHOTHERAPIST
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 08, 2021

INFORMANT: MICHAEL JOSEPH SMITH
RELATIONSHIP: HUSBAND
ADDRESS: 23314 HOOGDAL ROAD, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:
A: METASTATIC APOCRINE ADENOCARCINOMA WITH BONE METASTASES
INTERVAL: 14 MONTHS
B: PATHOLOGICAL HIP FRACTURE
INTERVAL: 3 WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC DIASTOLIC
CONGESTIVE HEART FAILURE

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: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 05, 2021

LOCATION OF INJURY:

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

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

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: JANUARY 07, 2021

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



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

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO 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:
8.	9.
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: Printed name: Date: 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 Record
 - 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.
- 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.
- *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.

- 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

JAN 11 2021

Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer



0 4 1 4 5 0 2 0

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