

After recording return to:

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1355 Cherrington Parkway
Moon Township, PA 15108

EXEMPT FROM TRANSFER TAX

WAC 458-61A-202(6)(i) transfer by operation of law

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Affidavit No. 20223881

Sep 20 2022

Amount Paid \$10.00
Skagit County Treasurer
By Josie Bear Deputy

LACK OF PROBATE AFFIDAVIT

Cristi A. Durfee, being first duly sworn, deposes and says:

The undersigned Affiant/Grantee Cristi A. Durfee is a rightful heir, as listed on Heirs at Law, to the real property described below, and was the spouse of the decedent Richard C. Durfee aka Richard Charles Durfee who died on Sept. 10, 2021 in the County of Skagit, State of Washington.

The real property subject to this Affidavit is:

Situated in the County of Skagit and State of Washington. Lot 3 of Anacortes Short Plat No. AN92-003, as approved February 12, 1993, and recorded February 12, 1993, in Volume 10 of Short Plats, pages 174 and 175, under Auditor's File No. 9302120125, records of Skagit County, Washington; being a portion of the Southwest 1/4 of the Southeast 1/4 of Section 24, Township 35 North, Range 1 East, W.M.

Property Address is: 1715 25th H Ct., Anacortes, WA 98221

Assessor Parcel #: 350124-0-058-0400

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which has not been probated or revoked

The heirs at law of Richard C. Durfee are as follows (attach separate pages if needed):

Name: *Cristi A. Durfee*
Age: *59*
Relationship: *wife*

Address: 1715 25th H. CT. Anacortes, WA 98221

Dated: 05/06/2022

Cristi A Durfee
Affiant's signature

Tel number 360-540-1513

Address 1715 25th H. CT. Anacortes WA 98221

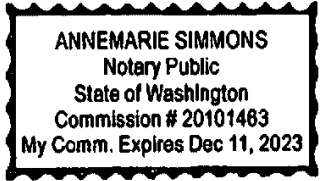
STATE OF WA COUNTY OF Skagit ss:

I know or have satisfactory evidence that Cristi Ann Durfee is the person who appeared before me and said person acknowledged that he/she signed this Affidavit and acknowledged it to be his/her free and voluntary act for the uses and purposes therein mentioned.

Dated: 06, May 2022

Annemarie Simmons

Notary Public
My commission expires: 12/11/2023



This instrument prepared by:
Jay A. Rosenberg, Rosenberg LPA LLC, Washington State Bar Number 50102;101 South Reid Street, Suite 307, Sioux Falls, South Dakota 57103.

Commitment # 29867807

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-045782

DATE ISSUED: 09/17/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD CHARLES
LAST NAME(S): DURFEE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 10, 2021
HOUR OF DEATH: 11:05 AM
SEX: MALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1715 - 25TH H COURT
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 1715 - 25TH H COURT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: RICHARD GORDON DURFEE
MOTHER: WANDA LO [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CRISTI ANN HERRON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: LABORER
INDUSTRY: SHIP BUILDING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: SEPTEMBER 18, 2021

INFORMANT: CRISTIA DURFEE
RELATIONSHIP: WIFE
ADDRESS: 1715 - 25TH H COURT, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A: GLIOBLASTOMA
INTERVAL: 6 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: SEPTEMBER 13, 2021


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: BELEN MARTINEZ
DATE RECEIVED: SEPTEMBER 16, 2021

 DOH 422-034 August 2019	Affidavit for Correction This is a legal document. Complete in ink and do not alter.	Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300			
STATE OFFICE USE ONLY					
State File Number	Fee Number	Initials	Date	Affidavit Number	
Required information must match current information on record					
Required	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: MM/DD/YYYY	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) _____				
	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 foregoing is true and correct.					
14a. Signature: Printed name: Date:		14b. Signature of 2 nd 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(a) 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.

CERTIFIED

SEP 17 2021

Edward L. Clebrand
 Skagit County Health Department
 Edward L. Clebrand M.D., Health Officer



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