

AFTER RECORDING RETURN TO:

JAMES L. KOTSCHWAR
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Oak Harbor, Washington 98277

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 03/15/2023

LACK OF PROBATE AFFIDAVIT

Decedent: Robert W. Krause

STATE OF WASHINGTON)
COUNTY OF ISLAND)

GRANTOR/AFFIANT: **Judith A. Krause**

GRANTEE: **PUBLIC**

Judith A. Krause, the affiant, being first duly sworn, deposes and says:

1. The affiant is the wife of Robert W. Krause, who is now deceased. The decedent wa a legal resident of Skagit County, Washington, at the time of his death. A certified copy of decedent’s death certificate is attached hereto as Exhibit “A”.
2. The decedent did not leave a last will and testament.
3. At the time of his death, the decedent and the affiant owned that certain house and real property at 1702 – 10th Street, Anacortes, Washington, that is legally described as follows:

Situate in the County of Skagit, State of Washington:

The East 25 feet of Lot 19, and all of Lot 20, Block 156, City of Anacortes, according to the plat thereof recorded in Volume 2 of Plats, Page 4, records of Skagit County, Washington.

Assessor’s tax parcel No.: P55985

4. The described real property was owned by the decedent and Judith A. Krause, the affiant, as husband and wife, i.e., as community property. They acquired the property in that certain Warranty Deed recorded on September 22, 1964, as Auditor’s No. 656175, records of Skagit County, Washington.
5. Therefore, by operation of law and in accordance with WAC 458-61A-202(6)(i), the affiant, as the surviving spouse of decedent, affirms that title to the above-described property, including decedent’s one-half (1/2) community property interest is now held by Judith A. Krause.

6. All the debts of the decedent, including, but not limited to, all expenses of decedent's last illness, funeral and burial, have been fully paid with no exceptions. There are no applicable federal and/or state succession or inheritance taxes owing with respect to the decedent's estate.

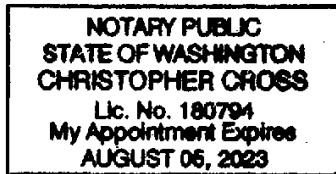
7. The decedent did not receive assistance from the State of Washington consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

8. This affidavit is made to induce any title insurance company to insure title to the real property interest of the decedent in the above-described property. Any such title insurance company may issue its policy or policies in full reliance on the representations herein made. Affiant does hereby indemnify and agree to hold any such title insurance company harmless by reason of so insuring in reliance on these representations.

SIGNED this 2 day of March, 2023.

Judith A. Krause
Judith A. Krause

SUBSCRIBED AND SWORN to before me this 2nd day of MARCH, 2023.



[Signature]
CHRISTOPHER CROSS (print name)
Notary Public in and for the State of
Washington, residing at OAK HARBOR
My commission expires AUGUST 06, 2023

LOP2023-K

STATE OF WASHINGTON
DEPARTMENT OF HEALTHCERTIFICATE OF DEATH
EXHIBIT "A"DATE ISSUED: 05/30/2018
FEE NUMBER:

CERTIFICATE NUMBER: 2018-023598

FIRST AND MIDDLE NAME(S): ROBERT WAYNE
LAST NAME(S): KRAUSECOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 24, 2018
HOUR OF DEATH: 06:10 PM
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: OWENSVILLE, MOMARITAL STATUS: MARRIED
SPOUSE: JUDITH ANN BARGEWELLOCCUPATION: MANAGER
INDUSTRY: AUTOMOTIVE PARTS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: JUDY A KRAUSE
RELATIONSHIP: WIFE
ADDRESS: 1702 - 10TH STREET, ANACORTES, WA 98221CAUSE OF DEATH:
A: RESPIRATORY ARREST
INTERVAL: IMMEDIATE
B: HAIRY CELL LEUKEMIA
INTERVAL: 10 YEARS
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: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 1702 - 10TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 54 YEARSFATHER/PARENT: FRANK KRAUSE
MOTHER/PARENT: [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FERNHILL CEMETERYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 03, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSTO BE USED ONLY IN CONNECTION
WITH A CLAIM PENDING BEFORE
THE VETERANS ADMINISTRATIONMANNER 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 RESPONSECERTIFIER NAME: ROB RIEGER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: MAY 25, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 18SK0160
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MAY 29, 2018

Affidavit for Correction
 This is a legal document. Complete in ink and do not alter.

Office: 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: Birth Death Marriage Dissolution/Divorce

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

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

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

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:

The record now shows:	The true facts:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	16. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: _____ (Job Signature of parent if applicable)

Printed name: _____ Date: _____ Printed name: _____ Date: _____

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

Driver's license, Social Security card or hospital decedative birth certificate cannot be used as proof

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 transcript • Social Security Numident Report
- Certificate of Naturalization • Hospital/medical record • Passport • Driver's license • Hospital/Inpatient Resident card (I-551)

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 May Ann Doe, the proof must show the name to be May Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names)
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle name or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (see parentage and child support forms B0H 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or step-child). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

CERTIFIED

MAY 30 2018

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



0 1 8 0 5 3 4 5

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