

POOR ORIGINAL

After recording, return to:
Chicago Title
1835 Barkley Blvd Ste 105
Bellingham WA 98226

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/21/2023

Grantor (Name of Decedent): James Paul Swift
Grantee (Heirs): Claudia Jean Swift
Abbreviated Legal Description: Lot. 9, SPARRS REPLAT
Tax Parcel No.(s): P69725 / 4019-000-009-0002

CHICAGO TITLE
620053898

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, Claudia Swift, executes this affidavit relating to the estate of James Swift (herein "Decedent"), who died on May 29, 2018 in the County of Skagit, State of Washington, then being a resident of the City of Burlington, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

- 1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

- 2. The undersigned is (check one):
 the lawful surviving spouse of the Decedent
 Registered domestic partner of the Decedent
 Surviving child of the Decedent
 One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 other (identify): _____

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(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Claudia Swift Spouse

Name and relationship: Karen Swift-Castell daughter

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

LOT 9, SPARRS REPLAT IN TRACTS 13 AND 15, BURLINGTON ACREAGE PROPERTY, AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 15, RECORDS OF SKAGIT COUNTY.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Claudia J. Swift
Signature

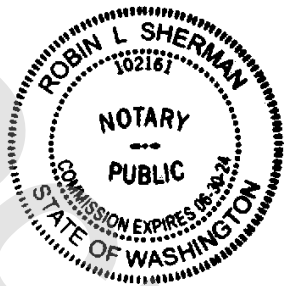
Claudia J. Swift
Print Name

State of Wa
County of Whatcom

This record was acknowledged before me on 6-19-23 by
Claudia J. Swift

Robin L. Sherman
(Signature of notary public)

Notary Public in and for the State of Wa
My commission expires: 10-30-2024



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-024484

DATE SIGNED: 07/20/2018
FEE NUMBER: 318178

FIRST AND MIDDLE NAME(S): JAMES PAUL
LAST NAME(S): SWIFT

COUNTY OF DEATH: SKAGOT
DATE OF DEATH: MAY 28, 2018
HOUR OF DEATH: 11:25 AM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS:
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 11300 GALBREATH ROAD
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGOT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

BIRTH DATE: [REDACTED]
BIRTH PLACE: SEATTLE, WA

FATHER/PARENT: JOSEPH ALONZO SWIFT
MOTHER/PARENT: MARGARET HELE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: CLAUDIA JEAN GROGEBY

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

OCCUPATION: LAND SURVEYOR
INDUSTRY: GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JUNE 04, 2018

INFORMANT: CLAUDIA JEAN SWIFT
RELATIONSHIP: SPOUSE
ADDRESS: 11300 GALBREATH RD, BURLINGTON, WA 98233

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4029 166TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98236
FUNERAL DIRECTOR: JOAN A. BIRNINGHAM

CAUSE OF DEATH:
A: VASCULAR DEMENTIA
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

NUMBER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DRUG/TOXIC USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS: 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: 207 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JUNE 01, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO MEICORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 04, 2018



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4200

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

State File Number	Fee Number	Initials	Date	Affidavit Number
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Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: MM/DD/YYYY _____ 3. Place of Event: City or County _____

4. Father/Parent Full Legal 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 Funeral Director Parent(s) Other (specify) _____

7. Return Mailing Address: _____ P.O. Box or Street Address _____ City _____ State _____ Zip _____

Telephone Number: _____ Email Address: _____

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature: _____ Date: _____ Printed name: _____

16b. Signature of 2nd parent (if required): _____ Date: _____ Printed name: _____

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

Driver's license, Social Security card or hospital decorative 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 transcripts
- Social Security Number Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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.
- 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 parents' 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 and/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 (use paternity acknowledgment form DOH 422-932)

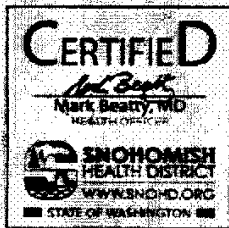
Death Certificates

- 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 stepchild). 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.
- 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-084 October 2015



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

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