



202309070042

09/07/2023 01:13 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

c/o Karil L. Peterson Johnson
20793 Echo Hill Rd
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 7970

SEP 7 2023

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Karil L. Peterson Johnson being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is Step daughter
Relationship to decedent
of Walter George Smith, who died on 2-11-2014
Decedent/Grantor Date
at Sedro Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

(S.66ac)(Title Elimination) Including manufactured home
1968 SPACEMASTER 57X20 SERIAL # 9278 TRACT 1 OF SKAGIT
County Short Plat Number 93-72 Recorded Auditor's
File number 9310180142 Being a portion of the
southeast 1/4 of Northwest ^{East} 1/4 and portion of
the Northeast 1/4 of the southeast 1/4, sect-
ion 21, Township 36 North Range 4 EAST W.M.

Assessor's Property Tax Parcel/Account Number: P103761
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Kathleen Ann. Canterbury Smith

Full name, age, relationship, address

WIFE, Age 65, 20793 Echo Hill Rd.

Sedro Woolley, WA 98284

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: September 7, 2023

Kari L Peterson Johnson

Affiant's full name

006-498-8147

Telephone number

20208 106th Ave SE

Kent WA 98031

City

Street
State

Zip Code

[Signature]
Signature

9-7-23
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Kari Lynn Peterson Johnson
(name of person)

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 mentioned in this affidavit.

Dated: 9 / 7 / 23

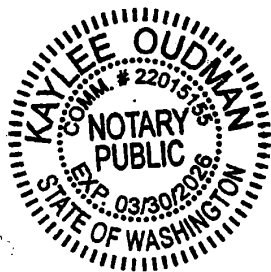
[Signature]
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3 / 30 / 2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-003207

DATE ISSUED: 02/14/2014

FEE NUMBER: 000000057

GIVEN NAMES: WALTER GEORGE
LAST NAME: SMITH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 11, 2014
HOUR OF DEATH: 03:25 A.M.
SEX: MALE
AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO; NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: KATHLEEN A. CANTERBURY

OCCUPATION: SHOP OWNER
INDUSTRY: MOTORCYCLE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: KATHLEEN A. SMITH
RELATIONSHIP: WIFE
ADDRESS: 20793 ECHO HILL RD., SEDRO WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 20793 ECHO HILL RD.
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 20793 ECHO HILL RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284176
INSIDE CITY LIMITS? NO

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: WALT SMITH
MOTHER: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM
CITY, STATE: BLAINE, WA
DISPOSITION DATE: FEBRUARY 13, 2014

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM
ADDRESS: 1313 EAST MAPLE ST
CITY, STATE, ZIP: BELLINGHAM WA 98225
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:
A. RECURRENT METASTATIC RENAL CELL CARCINOMA
INTERVAL: YEARS
B. 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:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MICHELLE POWELL, ARNP
TITLE: ARNP
CERTIFIER:
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: FEBRUARY 13, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 13, 2014



Affidavit for Correction

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Birth 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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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

1. Name on record: First Middle Last 2. Date of Event: 3. Place of Event: City or County

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

The record is incorrect or incomplete as follows:

6. The record now shows:	7. The true fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Telephone Number:
 Funeral Director Other (Specify)

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

15. Signature: (Printed Name) 16. Date: 17. Address:

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
	Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
	Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
	Passport	Hospital/Medical Record	

Birth Certificates:

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

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 someone other than the informant listed on the certificate. 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

WHATCOM COUNTY
HEALTH DEPARTMENT
DO NOT DESTROY

DOH 422-034 August 2013

FEB 14 2014

Greg Stern MD
GREG STERN, M.D.
HEALTH OFFICER

ZZ00207257