

Return Address:

William Clinton Walker

2073 Countrywind Court

The Villages, FL 32162

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Shannon Burrow
DATE 02/09/2024

GNW 23-19082

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee William Clinton Walker, being first duly sworn

Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is son

Relationship to decedent

of Janice Kay Walker

Decedent/Grantor

who died on 10/14/2022

Date

at Anacortes

City

Skagit

County

Washington

State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

Unit A-101, SKYLINE COURT, CONDOMINIUM

Assessor's Property Tax Parcel/Account Numbers: (List All)

P100699/ 4581-000-101-0000

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 480,000 of which approximately \$ 100,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 2/5/2024
William Clinton Walker [Signature] (714)330-4951
Affiant's full name Signature Telephone number
2073 Countrywind Court The Villages Florida 32162
Street City State Zip Code

State of Florida County of Sumter

I know or have satisfactory evidence that William Clinton Walker
(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: February 5th, 2024 [Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at 4967 OBTOLA AVE TAUNTES FL

Notary Public in and for the State of FL

My appointment expires: MAY 15 2024, 20

(Based on REV 84 0017 (1/3/17))



EXHIBIT "A"
LEGAL DESCRIPTION

Unit A-101, "SKYLINE COURT, CONDOMINIUM," according to the Declaration thereof recorded December 10, 1992, under Auditor's File No. 9204160065, and any amendments thereto, and recorded in Volume 15 of Plats, pages 33 through 37, records of Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 10/21/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-053746

FIRST AND MIDDLE NAME(S): JANICE KAY
LAST NAME(S): WALKER

AKA: JANICE MERRITT WALKER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 14, 2022

HOUR OF DEATH: 12:49 PM

SEX: FEMALE

AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: WILLIAM E WALKER

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: WILLIAM EUGENE WALKER
RELATIONSHIP: HUSBAND
ADDRESS: 1510 SKYLINE WAY #A101, ANACORTES, WA, 98221

CAUSE OF DEATH:
A: CORONARY ARTERY DISEASE
INTERVAL: SEVERAL 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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1510 SKYLINE WAY #A101
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1510 SKYLINE WAY #A101
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: BERTRAM K MERRITT
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: OCTOBER 22, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSON

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HELEN YOUNG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: OCTOBER 21, 2022

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: OCTOBER 21, 2022

Washington State Department of Health
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: Birth Death Marriage Dissolution (Divorce)

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

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: _____ City _____ State _____ Zip _____
P.O. Box or Street 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 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: _____ Date: _____ 14b. Signature of 2nd parent (if required): _____
Printed name: _____ Date: _____ 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

- 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 Acknowledgement 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

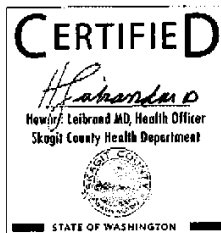
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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