



202404150067

04/15/2024 03:00 PM Pages: 1 of 7 Fees: \$309.50
Skagit County Auditor

After recording, return to:
Karen Timney
The Estate of Case Lanting
16832 Otter Pond Drive
Mount Vernon, WA 98274

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Bena Thompson
DATE 4.15.24

CHICAGO TITLE
Le 20055153

Grantor (Name of Decedent): Jane Lanting
Grantee (Heirs): ~~Karen Timney and Gerald Lanting, Co-Personal Representatives of the Estate of Case Lanting~~ Case Lanting
Abbreviated Legal Description: PTN. GOVT. LT.3 SEC 30-34-5E, W.M.
Tax Parcel No.(s): P30463 / 340530-0-008-0001, P30464 / 340530-0-008-0100, P27842 / 340425-4-001-0206 and P136942/ 340425-4-001-0206 1107

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, Karen Timney and Gerald Lanting, Co-Personal Representatives of the Estate of Case Lanting, executes this affidavit relating to the estate of Jane Lanting (herein "Decedent"), who died on April 11, 2015, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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 _____, in [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.

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

other (identify): ~~Surviving Children of Decedent and Personal Representatives of the Estate of Case Lanting, spouse of Jane Lanting.~~

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: See Attached
Name and relationship: Case Lanting, deceased spouse
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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

Karen Timney
Karen Timney, Co-Personal Representative
of the Estate of Case Lanting

Gerald Lanting
Gerald Lanting, Co-Personal Representative
of the Estate of Case Lanting



State of Washington
County of Skagit

This record was acknowledged before me on 4-10-2024 by
Karen Timney

Lorrie J Thompson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 6-1-2024

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

other (identify:) Surviving Children of Deceased and Personal Representatives of the Estate of
Case Lanting, spouse of Jane Lanting

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: _____
Name and relationship: _____
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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

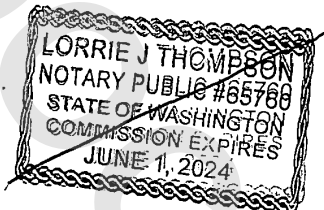
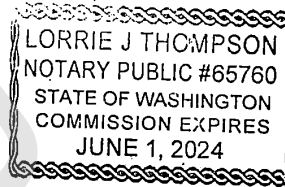
5. **Status of the Will (if any)**

- 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.

Karen Timney, Co-Personal Representative
of the Estate of Case Lanting

Gerald Lanting, Co-Personal Representative
of the Estate of Case Lanting



State of Washington
County of SKAGIT

This record was acknowledged before me on 4-11-2024 by

Gerald Lanting

Lorrie J Thompson
(Signature of notary public)

Notary Public in and for the State of Washington
My commission expires: 6-1-2024

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P30463 / 340530-0-008-0001, P30464 / 340530-0-008-0100, P27842 /
340425-4-001-0206 and P136942/ 340425-4-001-0206 1107

THAT PORTION OF THE SOUTHEAST QUARTER OF SECTION 25, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., AND THE SOUTH HALF OF GOVERNMENT LOT 3 AND LOT 4 IN SECTION 30, TOWNSHIP 34 NORTH, RANGE 5 EAST, W.M., SKAGIT COUNTY, WASHINGTON DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTH QUARTER CORNER OF SAID SECTION 25;

THENCE NORTH 89°23'49" WEST ALONG THE SOUTH LINE OF SAID SECTION 83.18 FEET TO THE NORTHEASTERLY MARGIN OF SAID STATE HIGHWAY SR 9;

THENCE NORTH 24°00'41" WEST ALONG SAID HIGHWAY MARGIN 126.54 FEET;

THENCE NORTH 60°25'56" EAST 2500.00 FEET TO THE BEGINNING OF A CURVE TO THE LEFT WITH A RADIUS OF 1000.00 FEET;

THENCE NORTHEASTERLY ALONG SAID CURVE THROUGH A CENTRAL ANGLE OF 20°25'56" AN ARC DISTANCE OF 356.61 FEET TO A POINT OF TANGENCY;

THENCE NORTH 40°00'00" EAST 42.96 FEET TO THE POINT OF BEGINNING;

THENCE DUE EAST 842.64 FEET;

THENCE DUE NORTH 314.99 FEET TO THE NORTH LINE OF THE SAID SOUTH HALF OF GOVERNMENT LOT 3;

THENCE SOUTH 89°53'48 WEST ALONG SAID LINE 520.00 FEET TO THE EAST LINE OF SAID SOUTHEAST QUARTER OF SECTION 25;

THENCE NORTH 1°34'50" EAST ALONG SAID LINE 209.27 FEET;

THENCE NORTH 88°25'10" WEST 60.00 FEET TO A POINT AT THE BEGINNING OF A CURVE TO THE RIGHT FROM WHICH THE CENTER BEARS NORTH 88°25'10" WEST 470.00 FEET DISTANT;

THENCE SOUTHWESTERLY ALONG SAID CURVE THROUGH A CENTRAL ANGLE OF 38°25'10" AN ARC DISTANCE OF 315.16 FEET TO A POINT OF TANGENCY;

THENCE SOUTH 40°00'00" WEST 278.74 FEET;

THENCE SOUTH 42°41'25" EAST 30.25 FEET TO THE POINT OF BEGINNING;

TOGETHER WITH:

COMMENCING AT THE SOUTH QUARTER CORNER OF SAID SECTION 25;

EXHIBIT "A"
Legal Description

THENCE NORTH 89°23'49" WEST ALONG THE SOUTH LINE OF SAID SECTION 83.18 FEET TO THE NORTHEASTERLY MARGIN OF STATE HIGHWAY SR 9;

THENCE NORTH 24°00'41" WEST ALONG SAID HIGHWAY MARGIN 126.54 FEET;

THENCE NORTH 60°25'56" EAST 2418.73 FEET TO THE TRUE POINT OF BEGINNING;

THENCE CONTINUING NORTH 60°25'56" EAST 81.28 FEET TO THE BEGINNING OF A CURVE TO THE LEFT WITH A RADIUS OF 1000.00 FEET;

THENCE NORTHEASTERLY ALONG SAID CURVE THROUGH A CENTRAL ANGLE OF 20°25'56" AN ARC DISTANCE OF 356.61 FEET TO A POINT OF TANGENCY;

THENCE NORTH 40°00'00" EAST 42.96 FEET; THENCE DUE EAST 842.64 FEET;

THENCE DUE SOUTH 300.00 FEET;

THENCE DUE WEST 1213.54 FEET TO THE TRUE POINT OF BEGINNING.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-010435

DATE ISSUED: 04/16/2015

FEE NUMBER: 000000029

GIVEN NAMES: JANE
LAST NAME: LANTING

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 11, 2015
HOUR OF DEATH: 09:24 P.M.
SEX: FEMALE
AGE: 80 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 16619 OTTER POND DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: WOODSEND, NETHERLANDS

FATHER: FRITZ KAMPEN
MOTHER: CLARA [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: CASE LANTING

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 17, 2015

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? NO

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

INFORMANT: CASE LANTING
RELATIONSHIP: HUSBAND
ADDRESS: 16619 OTTER POND DRIVE, MOUNT VERNON, WA 98274

- CAUSE OF DEATH:
- A. SUSPECTED BOWEL ISCHEMIA
INTERVAL: HOURS TO DAYS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
END STAGE RENAL DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:

CERTIFIER NAME: MADELINE BORHANI, MD.
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: APRIL 14, 2015

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-220
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: APRIL 15, 2015

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





Affidavit for Correction

04/15/2024 03:00 PM... Washington State Department of Health Statistics... P.O. Box 47814... Olympia, WA 98504-7814... 360-236-4300... www.doh.wa.gov

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

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 (Spouse A for Marriage or Dissolution); 5. Mother/Parent Full Birth Name (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, Funeral Director, Other (Specify); Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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, Certificate of Naturalization, Military Record (DD-214), Passport, Full Numident Report (Social Security Administration), Marriage/Divorce Record, Life Insurance Policy, School Transcripts (Official), Alien Registration (front and back), Hospital/Medical Record

Birth Certificates
1. Only a parent, 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 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.
3. Child under 18: 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. To correct the sex of the child, submit one proof from a medical provider.
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, 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. 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
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 stepchild). 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

APR 16 2015

Handwritten signature

Skagit County Health Department
Howard Leibrand M.D. Health Officer

BB00184886