

After recording, return to:
Jaye Lill
PO Box 3205
Everett, WA 98213

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 10/30/2024

CHICAGO TITLE
620057305

Grantor (Name of Decedent): Wolfgang Lill
Grantee (Heirs): Jaye Lill
Abbreviated Legal Description: LT 22, "SKAGIT RIVER COLONY"
Tax Parcel No.(s): P69474 / 4011-000-022-0003

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, JAYE COLORADO LILL, executes this affidavit relating to the estate of WOLFGANG DETLEF LILL (herein "Decedent"), who died on March 09, 2024 in the County of Skagit, State of Washington, then being a resident of the City of Cenocette, 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): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(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: JAYE LILL spouse
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.

Jill
Signature
JAYE LILL
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 9/18/24 by Jaye Lill.

Deborah K. Flick
(Signature of notary public)
Notary Public in and for the State of WA
My commission expires: 8/19/26



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P69474 / 4011-000-022-0003

LOT 22, "SKAGIT RIVER COLONY," AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGES 65 AND 66, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.


**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH
 DATE ISSUED: 03/12/2024
 FEE NUMBER:

CERTIFICATE NUMBER: 2024-011830

 FIRST AND MIDDLE NAME(S): **WOLFGANG DETLEF**
 LAST NAME(S): **LILL**

 COUNTY OF DEATH: **SKAGIT**
 DATE OF DEATH: **MARCH 09, 2024**
 HOUR OF DEATH: **09:30 PM**
 SEX: **MALE** AGE: **68 YEARS**
 SOCIAL SECURITY NUMBER: [REDACTED]

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

 BIRTH DATE: **NOVEMBER 24, 1955**
 BIRTHPLACE: **HAMBURG GERMANY**

 MARITAL STATUS: **MARRIED**
 SURVIVING SPCUSE: **JAYE DELAINE VISSER**

 OCCUPATION: **MACHINIST**
 INDUSTRY: **MANUFACTURING - AEROSPACE PRODUCTS**
 EDUCATION: **ASSOCIATE DEGREE**
 US ARMED FORCES: **NO**

 INFORMANT: **JAYE LILL**
 RELATIONSHIP: **WIFE**
 ADDRESS: **P.O. BOX 3205, EVERETT, WA 98213**

CAUSE OF DEATH:

- A: **VASCULAR DEMENTIA**
 INTERVAL: **MANY YEARS**
- B: **CEREBRAL ATHEROSCLEROSIS**
 INTERVAL: **MANY YEARS**
- C: **HYPERTENSION AND TYPE 2 DIABETES MELLITUS**
 INTERVAL: **MANY YEARS**
- D:
 INTERVAL:

 OTHER CONDITIONS CONTRIBUTING TO DEATH: **PARKINSON'S DISEASE,
 CHRONIC KIDNEY DISEASE STAGE 3, ANEMIA**

 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: **9519 COLONY LANE**
 CITY, STATE, ZIP: **CONCRETE, WASHINGTON 98237**

 RESIDENCE STREET: **9519 COLONY LANE**
 CITY, STATE, ZIP: **CONCRETE, WA 98237**
 INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
 TRIBAL RESERVATION: **NOT APPLICABLE**
 LENGTH OF TIME AT RESIDENCE: **1 YEAR**

 FATHER: **JOHANN LILL**
 MOTHER: **ZELMA [REDACTED]**

 METHOD OF DISPOSITION: **CREMATION**
 PLACE OF DISPOSITION: **MOUNT VERNON CEMETERY**

 CITY, STATE: **MOUNT VERNON, WASHINGTON**
 DISPOSITION DATE: **MARCH 13, 2024**
FUNERAL FACILITY: **LEMLEY CHAPEL**
 ADDRESS: **1008 THIRD ST**
 CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
 FUNERAL DIRECTOR: **JOHN HAAS**

 MANNER 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: **NOT APPLICABLE**

 CERTIFIER NAME: **LISSA ANDERSON, MD**
 TITLE: **PHYSICIAN**
 CERTIFIER ADDRESS: **227 FREEWAY DRIVE SUITE A**
 CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
 DATE SIGNED: **MARCH 11, 2024**

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

 LOCAL DEPUTY REGISTRAR: **CHRISTIAN STECHER**
 DATE RECEIVED: **MARCH 12, 2024**



Affidavit for Correction

10/30/2024 03:50 PM Page 6 of 5
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

Required information must match current information on record
Record Type: Birth Death Marriage Dissolution (Divorce)
1. Name on Record: 2. Date of Event: 3. Place of Event:
4. Father/Parent Full Birth 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 Parent(s) Funeral Director 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 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 forgoing is true and correct.
14a. Signature: 14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

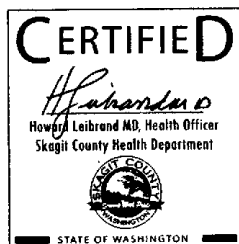
INSTRUCTIONS - go to www.doh.wa.gov for more information

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
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 Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
Child under 18 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• Up to age one or up to one year following the filing of an Acknowledgment 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, one proof documentation is required.
• To correct the sex of the child, one proof documentation from a medical provider 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
1. 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.
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 proof documentation.
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.



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



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