



202412020058

12/02/2024 01:54 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

J. Allen Smith
c/o North City Law, PC
17713 15 Ave NE, Suite 101
Shoreline, WA 98155

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20243130
DEC 02 2024

Amount Paid \$ -
Skagit Co. Treasurer
By *LT* Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee J. Allen Smith, 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 surviving spouse
Relationship to decedent

of Marie H. Smith, who died on 11/10/2008
Decedent/Grantor

at Anacortes, Skagit County, Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Legal Description:

Tract 170, SKYLINE No. 8, according to the plat thereof recorded in
Volume 9 of Plats, pages 72 through 74, records of Skagit County,
Washington.

SUBJECT TO easements, restrictions and reservations of record.

Assessor's Property Tax Parcel/Account Number: P59831
(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)

J. Allen Smith, age 89, 5016 Macbeth Dr, Anacortes, WA 98221

surviving spouse

Full name, age, relationship, address

Rebecca M. Arnold, adult, daughter, Anacortes, WA

Full name, age, relationship, address

Elizabeth J. Godlewski, adult, daughter, Lake Forest Park, Washington

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 : November 5, 2024

J. Allen Smith

Affiant's full name

(360) 333-8767

Telephone number

5016 Macbeth Dr.

Anacortes, WA 98221

Street

City

State

Zip Code

J. Allen Smith
Signature

11/5/24
Date

State of Washington County of Skagit

I know or have satisfactory evidence that J. Allen Smith
(name of person)

is the person who appeared before me, and said person acknowledged that he signed this affidavit and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 11, 5, 24

[Signature]
Signature of Notary Public

ALEXIS OLES
Residing at: Anacortes, WA
Notary Public in and for the State of Washington
My appointment expires: June 19, 2027

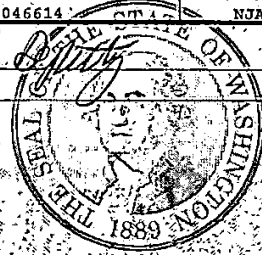


STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death. Local File Number: 1016-08. State File Number: [blank]. Decedent: Marie H. SMITH, DOB: 11/10/2008. Cause of Death: Lymphoma. Certifying Physician: Jason Hogge, M.D. Registrar: Betty Jo Lynch.

Part 1 completed by Funeral Director

Part 2 completed by Certifier





Affidavit for Correction

State of Washington Department of Health
P.O. Box 9709
Olympia, WA 98507-9709
(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:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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 forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

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.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

NOV 21 2008

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

QQ00316754