202412020058

12/02/2024 01:54 PM Pages: 1 of 5 Fees: \$307.50 Skapit 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 2024 3130 DEC 02 2024

Amount Paid \$ - Skagit Co. Treasurer
By Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned	affiant/grantee J. Allen Smith Name of Affian	, being first duly sworn
deposes and states	s as follows: That they are a rightful heir a	as listed on heirs at law, to the real
property described	d below, and is <u>surviving spouse</u>	Relationship to decedent
of Marie H. Smit	h, who died on 11/10/2008	
at Anacortes, Sl	kagit County, Washington 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: <u>P59831</u>
(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 3)

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

Dated: November 5	, 20 x4
J. Allen Smith	
Affiant's full name	
(360) 333-8767	
Telephone number	
5016 Macbeth Dr.	
Anacortes, WA 98221	Street
City	State Zip Code
of allen Snith	11/5/24
Signature	Date
State of Washington	County of Skagit
I know or have satisfactory evidence that	at J. Allen Smith (name of person)
is the person who appeared before me, a acknowledged it to be his free and volume	and said person acknowledged that he signed this affidavit an intary act for the uses and purposes mentioned in this affidavit
Dated: 11 / 5 / 24	Signature of Notary Public
CANAL OF WASHING	ALEXIS OLES Residing at: Anacortes, WA Notary Public in and for the State of Washington My appointment expires: June 19, 2027
Manning	

cal File Number 1016 08		Certificate of Death	State File Number	
1/Legal Name (include AKA) (i eny.) First	Middle 8	Suffix 2 Death	h Date	
3. Sex (M/F) 4a. Age – Last Birt		nder 1 Day 5. Social Security	Number 6. Coun	ly of Death.
7. Birthdate 8a. Birth	Months Days Hours Iplace (City, Town, or County) 8b. (State	or Foreign Country) 9. Decedent	Ska Struction	git <u>it i i i i i i i i i i i i i i i i i</u>
10. Was Decedent of Hispanic Origin? (luth		lor of Arts Degr	12. Was Decedent ever in U.S.
No. 13a. Residence; Number and Street (e.g.		Caucasian	lean City on Town	Armed Forces? No
5016 Macbeth Drive	, , ,		13b. City or Town	
13c. Residence: County 13	d. Tribal Reservation Name (if applicable	e) 13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits?
14. Estimated length of time at residence	e 15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic F	Partner's Name (Give name pro	r to first marriage)
17. Usual Occupation (Indicate type of wor		ss retired) 18. Kind of Business/Industr	y (Do not use Company Name)	
19. Father's Name (First, Middle, Last, Suff	ix) ,	20. Mother's Name Before F	irst Marriage (First, Middle, Las	
E Lester Edison Hill 21. Informant's Name	22. Relationship to Decedent	Norma Aslin . 23. Mailing Address: Number and Street or R	FD No. City or Town Sta	le Ze
Allen Smith 24. Place of Death; if Death Occurred in a Hos	Husband V	5016 Macbeth Drive Place of Death, If Death Occurre	Anacortes ed Somewhere Other than a Hospid	WA 98221
25. Facility Name (If not a facility, give num	per & street or location)	Decedent's Re 26a. City, Town, or		ite 27. Zip Code
5016 Macbeth Drive	29. Place of Final Disposition (Name	Anacorte	s WA	98221
Cremation	Island Crematory			Washington 🤼
31. Name and Complete Address of Fur Evans Funeral Chapel	neral Facility & Crematory, Inc. 1105	32nd St. Anacortes. WA		of Disposition
33. Funeral Director Signature X	Our min line	nh is	·	6 7 6 6 7 9
24. Enjoy the shain of events discose	Cause of De	eath (See Instructions and examples)		
ventricular fibrillation without showing th	e etiology. DO NOT ABBREVIATE. A	ctly caused the death. DO NOT enter ter dd additional lines if necessary.	rminal events such as cardiac	arrest, respiratory arrest, or Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. 27 3	Lynghona		VEARS"
Sequentially list conditions, if any, leading	g h	Due to (or as a consequence of):		Interval between Onset & Death
to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injur	у	Due to (or as a consequence of):		Interval between Onsel & Death
that initiated the events resulting In death)LAST	, C.	Due to (or as a consequence of):	····	Interval between Onsel & Dealh
35. Other significant conditions contribut	d. ing to death but not resulting in the un-	derlying cause given above	36. Autopsy? 37. Wen	e autopsy findings available to
			☐ Yes ☐ No	e the Cause of Death?
38. Manner of Death	39. If female			Did tobacco use contribute
Accident Undetermined	Pregnant at time of death .	 Not pregnant, but pregnant within 42 Not pregnant, but pregnant 43 days to Unknown if pregnant within the past y 	o 1 year before death	to death? Yes □ Probably No □ Unknown
		Injury (e.g., Decedent's home, construction s	ite, restaurant, wooded area) 44	Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street:	2 7 84 0		. Apl No.	
City or Town: ' 46. Describe how injury occurred	County:	State:	Zip Code 47. If transportation injury	specify:
			☐ Driver/Operator □	
48a. Certifying Physician To the best of place and due to the cause (s) too manual	ny knowledge, dooth occurred at the time, di	48b. Medical Examiner/Corp. opinion in the house of the	oner - On the basis of exeminate	
x 1100	O MD	x		TO TO THE POST OF THE PROPERTY
	siden, Medica! Examiner or Coroner (213 24th Street, Suite	Type or Print)		of Death (24hrs) 3:00 AM
51. Name and Title of Attending Physicia	in if other than Certifier (Type or Print)		52. Date	Signed (www.norm) 🐪 💥
53. Title of Certifier	54. License Number	55. ME/Coroner File Num!	ber 56. Was case	referred to ME/Coroner?
MD 57. Registrar Signature	MD00046614	NJA # 519	58. Date Received (MM/DD/	Yes No
x Detay 6	Will deflet		Nov 12.2	008
		人。 (金) (全)		
				DOH/CHS 003 Rev 07/09/07
in the transfer will be	15	7 B 12	my Sand of	in the market start

202412020058

12/02/2024 01:54 RM RAGGES 51965 PO. Box 9709 Olympia, WA 98507-9709 (360) 236-4300

Affidavit for Correction

и пеин	tn	This is a legal D	ocument. Co	mplete	in ink a	and do not a	iter. (360) 2	a, WA 98507-9709 36-4300
	_		STATE OFFIC					
State File Number		Fee Number			nitials	Date		Affidavit Number
	U:	se the section be	low for reque	sting a	iny char	iges on the	record.	
Record Type:	☐ Birth		Death		🗌 Ма	ırriage		Dissolution
1. Name on re	cord:			2	. Date o	f Event:	3. Place	of Event: (City or County)
4. Father's Full	Name (For Birth):	(Husband for Marriag	e or Dissolution)	5. Mo	ther's Fu	II Name (For	Birth): (Wife fo	or Marriage or Dissolution)
		The Reco	rd is Incorrect	or Inco	mplete a	as follows:		
6.	The Record	now shows:		7.		TI	ne True fact is	<u> </u>
8.				9.			-	
10.				11.				
12.				13.			~ <u>~</u>	
	4	10-16 D D		<u> </u>			Talambana	Ni mala a m
i 14. i represent	the person as: [J Sen/ □ Parent ☐ Funeral Directo	☐ Guardia r ☐ Other (S		☐ Infor	manı	Telephone	Number.
I declare unde		ry under the laws				at the forgoin	g is true and	d correct.
15. Signature:		16. Date:	17. Addr				<u> </u>	
								<u></u>
All vital records a certificate must be	re registered as recei e returned within <u>one</u>	ved. An item may be o	changed by affidatissued to receive	vit only o a replace	nce. Subs ement cop	sequent change y free of charge	s must be mad	de by court order. The incorrect
		documentary proof su		affidavi			School Rec	ord
Examples of docu	Hos	tificate of Naturalization spital Records	/ Milj	itary.Rec	ord (DD-2	14)	Voters Regi	stration_Card (if it bears an
		urance Records rriage/Divorce Records		th Record	i i		effective dat	e) ration Card (front and back)
Birth Certificates:		mage/Divorce Necords	1 00					
2. The proof name to to 3. Proof mu: 4. Up to age	f(s) must match exact be Mary Ann Doe. Mar st be five (or more) ye e one, the parent(s) or	ry A. Doe or M.A. Doe ears old or have been e legal guardian may cl	it(s). For example, does not prove the established within nange the child's l	if the aff e name i five year ast name	idavit says s Mary And s of birth. s with an a	the name is Ma n Doe. ffidavit for corre	ry Ann Doe, th	en the proof must show the
- The new - After ag docume	w last name may be ti ge one, last name chai entary proof.	ge. Subsequent chang ne mother's maiden na nges require a certified Id's first or middle nam to add a father to a b	me or father's nan copy of a court or	ne (if pre rdered na	sent on the ame chang	e certificate) or a ge. Minor spellin	any combination g changes may	be made with an affidavit and
Death Certificates	3:							
information	on.							nay change the non-medical
		of death) may be cha date of death please o	inged only by the contact the county	certifying health d	g physiciar epartment	n or the coroner, where the deat	medical exami h occurred to r	ner. nake changes.
	tion (Divorce) Certifica				,		- 10 -1 10 -1 -10	
 Personal To chang 	tact(s) (minor spelling e the date or place of	changes in name, da marriage or dissolutio	te or place of birth n, the officiant (ma	n or resid arriage) d	ence) may or clerk of (oe changed by court (dissolutio	n) must sign th	proor, by the person. le affidavit.

NOV 21 2008

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

QQ00316754