



201806060119

06/06/2018 04:06 PM Pages: 1 of 5 Fees: \$78.00
Skagit County Auditor

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 1108 East Rio Vista Avenue
Tax Parcel # 4077-125-002-0201 / P72103
4077-125-003-0002 / P72104
Legal P72103 : The West 62 feet of lot 2, in block 125, of first addition to Burlington Skagit County,
Washington as per plat recorded in volume 3 of plats, page 11, records of Skagit County,
except the South 200 feet thereof.
Legal P72104: DK 12: The North 100 feet of the South 200 feet of Lots 1 & 2 & the East 15 feet of the
North 200 FE

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, RAYMOND KENNETH BURT, executes this affidavit relating to the estate of CATHERINE L. BURT, the Decedent, who died on March 19, 2010, in the County of Ferry, State of Washington, then being a resident of the County of Ferry, State of Washington. A copy of the death certificate is attached hereto.

RAYMOND KENNETH BURT, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is:
- a. One 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 12/15/2009 under Recording No. 200912150080, in Skagit County, Washington.
 - b. Brother of decedent

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Raymond Kenneth Burt 621 S. Section St. Burlington, WA 98233	Legal	Brother
Sophie Lorraine Burt 1108 Rio Vista Avenue Burlington, WA 98233	Legal	Sister

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:

P72103:

The North 100 feet of the South 200 feet of lots 1 and 2, and the East 15 feet of the North 200 feet of lot 3, all in block 125, of first addition to Burlington, Skagit County, Washington as per plat recorded in volume 3 of plats, page 11, records of Skagit County. Also the West 62 feet of lot 2, in block 125, of first addition to Burlington Skagit County, Washington as per plat recorded in volume 3 of plats, page 11, records of Skagit County, except the South 200 feet thereof.

Subject to easements, restrictions, and reservations of record. If any.

Situate in the County of Skagit, State of Washington.

P72104:

DK 12: The North 100 Feet of the South 200 Feet of Lots 1 & 2 & the East 15 Feet of the North 200 Feet of Lot 3, Block 125, First Addition to Burlington, as per plat recorded in volume 3 of plats, page 11, records of Skagit County, Washington.

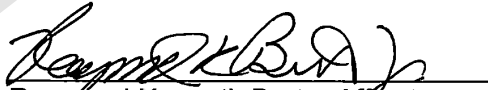
5. Status of the Will

- ☒ The decedent left no Will that devises real property.
☒ The decedent's estate is not being probated.

The decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 (2)(c) state that:

"If the intestate not be survived by issue or by either parent, then to those issue of the parent or parents who survive the intestate; if they are all in the same degree of kinship to the intestate, they shall take equally, or, if of unequal degree, then those of more remote degree shall take by representation."

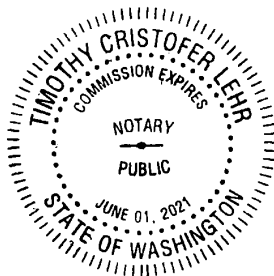
DATED: 6-1, 2018


 Raymond Kenneth Burt - Affiant

STATE OF WASHINGTON)
) ss.
 COUNTY OF SKAGIT)

On this day personally appeared before me **Raymond Kenneth Burt** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 1st day of June, 2018.




 Notary Public in and for the State of Washington,
 residing at Sedro-Woolley, WA
 My appointment expires 6/01/2021

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 13

Washington State Certificate of Death

State File Number

2010 47314

1. Legal Name (Include Suffix if any) First Middle LAST Catherine L. Burt		2. Death Date 3/19/2010	
3. Sex (M/F) Female	4a. Age - Last Birthday 43	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Birthplace (City, Town, or County) Mt. Vernon		6. County of Death Ferry	
7. Decedent's Education High School Graduate		8. Social Security Number [REDACTED]	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) White	
12. Was Decedent ever in U.S. Armed Forces? No		13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 127 Lambert Creek Rd.	
13b. City or Town Republic		13c. Inside City Limits? ☐ Yes ☒ No ☐ Unk	
13d. State or Foreign Country WA	13e. Zip Code + 4 99166	13f. Inside City Limits? ☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence. 1 Year		15. Marital Status at Time of Death Divorced	
16. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Cook		17. Kind of Business/Industry (Do not use Company Name) Food Business	
19. Father's Name (First, Middle, Last, Suffix) Raymond Kenneth Burt, Sr.		20. Mother's Name Before First Marriage (First, Middle, Last) Betty Jane [REDACTED]	
21. Informant's Name Raymond K. Burt, Jr.		22. Relationship to Decedent Brother	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip 621 S. Section Burlington, WA 98233		24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Emergency Room	
25. Facility Name (If not a facility, give number & street or location) Ferry County Memorial Hospital		26a. City, Town, or Location of Death Republic	
26b. State WA		27. Zip Code 99166	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Okanogan County Crematory	
30. Location-City/Town, and State Omak, Washington		31. Name and Complete Address of Funeral Facility Bergh Funeral Service P.O.Box 37 Oroville, WA 98844	
32. Date of Disposition 3/25/2010		33. Funeral Director Signature X <i>[Signature]</i>	
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Renal failure Interval between Onset & Death One day Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. rheumatoid arthritis / autoimmune disorder years Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of): 35. Other significant conditions contributing to death but not resulting in the underlying cause given above			
36. Autopsy? ☐ Yes ☒ No		37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No	
38. Manner of Death ☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending		39. If female ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown		41. Date of Injury (mm/dd/yyyy) 03/24/2010	
42. Hour of Injury (24hrs) 10		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 10 Rds Circle	
44. Injury at Work? ☐ Yes ☐ No ☒ Unk		45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:	
46. Describe how injury occurred		47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)	
48a. Certifying Physician - to the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated <i>[Signature]</i>		48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Karen Schaaf Republic Medical Clinic		50. Hour of Death (24hrs) 0715	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy) 03/24/2010	
53. Title of Certifier MD		54. License Number 00024938	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner? ☐ Yes ☒ No	
57. Registrar Signature <i>[Signature]</i>		58. Date Received (mm/dd/yyyy) 03/24/2010	
59. Amendments			

DOH/CHS 003 Rev 2/05/2006

DOH 422-131 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201806060119

Mailed to: Center for Health Statistics
06/06/2018 04:06 PM Page 5 of 5
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
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Required

Required information must match current information on record				
Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: Month Day Year		3. Place of Event: City & County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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: P.O. Box or Street Address State Zip				
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 now shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
14.		15.		
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct				
16a. Signature:		16b. Signature of 2 nd parent (if required):		
Printed name:		Date:		Printed name: Date:
INSTRUCTIONS – go to www.doh.wa.gov for more information				
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof				
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)				
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. Documentary proof must be five or more years old or established within five years of birth.				
Child under 18		Adult (18 years or older)		
• If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required		• Only the adult can change his or her birth certificate • If the first or middle name is missing, 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		
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.				
This affidavit cannot be used to add a father to a birth certificate (use 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). The informant may change marital status with proof. 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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.				
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.				

DOH 422-034 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

*Christie Spice***ISSUED****APR 17 2018**

0 1 1 1 4 1 5 9

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