

201912240042

12/24/2019 10:48 AM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

WHEN RECORDED RETURN TO

Sanders Law Group
152 3rd Ave S, Suite 101
Edmonds, WA 98020

Attn: Margaret L. Sanders

Document Title: Lack of Probate Affidavit
Grantor: Raymond Thomas Strand (deceased)
Grantee: Judith Anne Strand, an unmarried woman
Abbreviated Legal: Unit 2, Bldg. 1, MALLARD VIEW CONDO
Legal Description: Unit 2, Building 1, MALLARD VIEW CONDOMINIUM, according to the Declaration thereof recorded under Auditor's File No. 9812090060 and any amendments thereto AND the Survey Map and Plans thereof recorded in Volume 17 of Plats, pages 34 through 37, records of Skagit County, Washington
Tax Parcel Number: P114185/4724-000-002-0000

**LACK OF PROBATE AFFIDAVIT
(Succession)**

The undersigned affiant, **JUDITH ANNE STRAND**, being first duly sworn, declares as follows:

1. **Name and Relationship of Affiant.** I, **JUDITH ANNE STRAND**, am the surviving spouse of **RAYMOND THOMAS STRAND** (the "Decedent"), who died on November 7, 2019, then a resident of Mount Vernon, Skagit County, Washington. A copy of his death certificate is attached to this Affidavit.
2. **Real Property.** Decedent left a community property interest in the real property, located at 1415 Mallard View Drive, Unit 5, Mount Vernon, situated in the County of Skagit, State of Washington, and legally described as follows:

Unit 2, Building 1, MALLARD VIEW CONDOMINIUM, according to the Declaration thereof recorded under Auditor's File No. 9812090060 and any amendments thereto AND the Survey Map and Plans thereof recorded in Volume 17 of Plats, pages 34 through 37, records of Skagit County, Washington

3. **Decedent's Will and Probate.** Decedent left a Last Will and Testament which HAS NOT been probated or revoked. Since title to the subject community property herein passed to the Affiant, surviving spouse, via operation of law then it is Affiant's intent not to probate the estate of the Decedent.
4. **Decedent's Debts and Expenses.** All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full or otherwise provided for.
5. **Estate Tax.** Decedent's estate was not liable for federal estate tax or Washington estate tax.
6. **Washington Assistance.** Decedent was not liable for repayment for subsistence or medical care to the State of Washington.
7. **Purpose of Affidavit.** I am making this Affidavit for the purpose of passing/transferring the real property to me, pursuant to this Lack of Probate Affidavit, WAC 458-61A-202-6(i), RCW 11.04.015, and 11.04.290. I am the sole and rightful heir to the community interest, as I am the surviving spouse of the Decedent at the time of her death. Accordingly, the community interest is properly transferred to me, RAYMOND THOMAS STRAND, by and through this Affidavit.

Dated this 9th day of December, 2019.

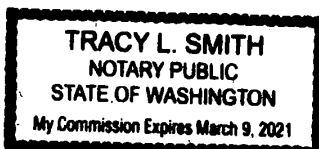
By

JUDITH ANNE STRAND,
Affiant and Surviving Spouse of Raymond
Thomas Strand

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that **JUDITH ANNE STRAND**, in her capacity as the surviving spouse of Raymond Thomas Strand is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 9th day of December, 2019.



Tracy L. Smith
Tracy L. Smith
Notary Public in and for the State of Washington,
residing at Lynnwood
My appointment expires: 3/9/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-049631

DATE ISSUED: 11/15/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RAYMOND THOMAS
LAST NAME(S): STRANDCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 07, 2019
HOUR OF DEATH: 10:00 PM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: JUDITH MOOREOCCUPATION: SOFTWARE DESIGN
INDUSTRY: COMPUTER
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YESINFORMANT: JUDITH STRAND
RELATIONSHIP: WIFE
ADDRESS: 1415 MALLARD VIEW DRIVE #5 MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 1 HOURB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME
FACILITY OR ADDRESS: 1415 MALLARD VIEW DRIVE UNIT 5
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 1415 MALLARD VIEW DRIVE 5
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEARFATHER: THOMAS I STRAND
MOTHER: JULIA IMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 13, 2019

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: REBECCA B. NOLAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: NOVEMBER 13, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: REBECCA NOLAN, MDLOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 13, 2019

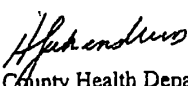
 Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
This is a legal document. Complete in ink and do not alter.			
STATE OFFICE USE ONLY			
State File Number	Fee Number	Initials	Date
Affidavit Number			
Required	Required information must 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 ☐ Self ☐ Guardian ☐ Informant ☐ Hospital	
		Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)	
7. Return Mailing Address:			
PO Box / Street 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 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 2nd parent (if required):	
Printed name:		Printed name:	
Date:		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			
<u>Child under 18</u>		<u>Adult (18 years or older)</u>	
• 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 using this form, 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). 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 January 2015



CERTIFIED

NOV 15 2019


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

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



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