202307070071
07/07/2023 03:39 PM Pages: 1 of 5 Fees: $207.50
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

After recording, return to:
Steven J. Hill and Drusilla A. Hill
13439 Christianson Rd
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 07/07/2023

CHICAGO TITLE
620054387

Grantor (Name of Decedent): Steven Jay Hill

Grantee (Heirs): Drusilla A. Hill

Abbreviated Legal Description: LT. 85, EAGLEMONT, PHASE 1B, DIV 4

Tax Parcel No.(s): P123095 / 4866-000-085-0000

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, Drusilla A. Hill executes this affidavit relating to the estate of Steven J. Hill (herein "Decedent"), who died on June 10th 2023, in the County of Skagit, State of Washington, then being a resident of the City of Anacortes, 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:) _____

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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: Drusilla A. Hill 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.

Drusilla A. Hill
Signature

Drusilla A. Hill
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 6-29-2023 by Drusilla A. Hill.

Jennifer Brazil
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 7-25-2024

JENNIFER BRAZIL
Notary Public
State of Washington
Commission # 187468
My Comm. Expires Jul 25, 2024

EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): P123095 / 4866-000-085-0000

LOT 85, "PLAT OF EAGLEMONT, PHASE 1B, DIVISION 4, " AS PER PLAT RECORDED ON AUGUST 8, 2005 UNDER AUDITOR'S FILE NO 200508080162, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

UNOFFICIAL DOCUMENT

202307070071

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2023-028753**

DATE ISSUED: **06/14/2023**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **STEVEN JAY**
LAST NAME(S): **HILL**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **JUNE 10, 2023 FOUND**
HOUR OF DEATH: **09:07 AM FOUND**
SEX: **MALE** AGE: **71 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **SAGINAW, MI**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **DRUSILLA ANN CONFER**

OCCUPATION: **PRESIDENT OF BBJ**
INDUSTRY: **AEROSPACE**
EDUCATION: **MASTER'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **DRUSILLA HILL**
RELATIONSHIP: **WIFE**
ADDRESS: **13439 CHRISTIANSON ROAD, ANACORTES, WA 98221**

CAUSE OF DEATH:
A: **PATIENT FOUND DECEASE, HE HAS A HISTORY OF HYPERTENSION**
INTERVAL: **UNKNOWN**
B:
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: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **13439 CHRISTIANSON ROAD**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**

RESIDENCE STREET: **13439 CHRISTIANSON ROAD**
CITY, STATE, ZIP: **ANACORTES, WA 98221**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **2 MONTHS**

FATHER: **WILLIAM ROBERT HILL JR**
MOTHER: **ELFRIEDA EMMA** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**

CITY, STATE: **ANACORTES, WASHINGTON**
DISPOSITION DATE: **JUNE 15, 2023**

FUNERAL FACILITY: **EVANS FUNERAL CHAPEL & CREMATORY, INC.**

ADDRESS: **1105 32ND STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**
FUNERAL DIRECTOR: **COLE B. ERIKSON**

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: **NO RESPONSE**

CERTIFIER NAME: **ALEXA R. CELERIAN, DO**
TITLE: **DO**
CERTIFIER ADDRESS: **1801 E. DIVISION STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 78274**
DATE SIGNED: **JUNE 13, 2023**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **230610-333**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **JUNE 14, 2023**

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Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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)**

Required

1. Name on Record: First Middle Last	2. Date of Event: (MM/DD/YYYY)	3. Place of Event: (City or County)
4. Father/Parent Full Birth 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: Number, Street, or Rural Route City 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 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

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement 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.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- 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 birth date, place of birth, or name, one proof documentation 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.

CERTIFIED

Howard Leibrand MD, Health Officer
Skagit County Health Department

SKAGIT COUNTY WASHINGTON

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

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