

After recording, return to:
Heather Donley
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/28/2026

Grantor (Name of Decedent): Jack D Woods
Grantee (Heirs): Betty J Woods
Abbreviated Legal Description: LTS 4, 5 & 6, BLK 3, PLAT OF RESERVE ADDN TO THE TOWN OF MONTBORNE
Tax Parcel No.(s): P103676 / 4136-003-006-0005 Chicago Title
620061894

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, Betty Woods, executes this affidavit relating to the estate of Jack Woods (herein "Decedent"), who died on 4-9-22, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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 _____, in [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (continued)

☐ other (identify:)

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: Betty Woods 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.

Betty Woods
 Signature

Betty Woods
 Print Name

State of Washington
 County of Skagit

This record was acknowledged before me on 5-4-26 by

Betty Woods
Justyne P Riehl
 (Signature of notary public) JUSTYNE P RIEHL
 Notary Public in and for the State of Washington
 My commission expires: 12-9-29



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P103676 / 4136-003-006-0005

LOTS 4, 5 AND 6, BLOCK 3, PLAT OF RESERVE ADDITION TO THE TOWN OF MONTBORNE,
ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 59,
RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2022-019078**

DATE ISSUED: **04/13/2022**

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **JACK DELOS**

LAST NAME(S): **WOODS**

COUNTY OF DEATH: **SKAGIT**

DATE OF DEATH: **APRIL 09, 2022**

HOUR OF DEATH: **10:15 AM**

SEX: **MALE**

AGE: **88 YEARS**

SOCIAL SECURITY NUMBER:

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

RACE: **WHITE**

BIRTH DATE:

BIRTH PLACE: **HORTON, KS**

MARITAL STATUS: **MARRIED**

SURVIVING SPOUSE: **BETTY HENDERSON**

OCCUPATION: **ELECTRICIAN**

INDUSTRY: **ELECTRICAL**

EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**

US ARMED FORCES: **YES**

INFORMANT: **BETTY WOODS**

RELATIONSHIP: **WIFE**

ADDRESS: **18566 MASON COURT MOUNT VERNON, WA 98274**

CAUSE OF DEATH:

A: **ADENOCARCINOMA PROBABLE GASTROINTESTINAL ORIGIN WIDELY METASTATIC TO LIVER, LUNGS, BONES**

INTERVAL: **4 MONTHS**

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: **18566 MASON COURT**

CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **18566 MASON COURT**

CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**

INSIDE CITY LIMITS: **NO**

COUNTY: **SKAGIT**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **4 YEARS**

FATHER: **ROBERT DELOS WOODS**

MOTHER:

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**

DISPOSITION DATE: **APRIL 12, 2022**

FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**

ADDRESS: **PO BOX 398**

CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

FUNERAL DIRECTOR: **THOMAS CUFLEY**

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: **DEBORAH NORTH, MD**

TITLE: **PHYSICIAN**

CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**

CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

DATE SIGNED: **APRIL 12, 2022**

CASE REFERRED TO ME/CORONER: **NO**

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**

DATE RECEIVED: **APRIL 12, 2022**

Affidavit for Correction

05/28/2026 09:43 PM Page 1 of 56
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
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Required information must match current information on record

Required	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)			
	1. Name on Record: First: _____ 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: _____ Last/Middle: _____		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____ Middle: _____ Last/Middle: _____	
	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:
PO Box or Street Address _____ 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 foregoing is true and correct.

14a. Signature: _____	14b. Signature of 2 nd 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 Acknowledgment 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

APR 13 2022

Howard Leibrand
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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