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06/05/2026 12:28 PM Pages: 1 of 4 Fees: $306.50
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

After recording, return to:
Toni Vance
2615 N Laventure Rd Unit C
Mt. Vernon WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/05/2026

Grantor (Name of Decedent): Daniel Vance
Grantee (Heirs): Toni Vance
Abbreviated Legal Description: PTN LT 8, ALL OF LT 9, BLK 5, PAPES ADD. TO THE CITY OF MT. VERTON

Tax Parcel No.(s): P54034 / 3750-005-009-0006

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, Toni Vance, executes this affidavit relating to the estate of Daniel Vance (herein "Decedent"), who died on 5-17-18, in the County of Skagit, State of Washington, then being a resident of the City of Mt 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 _____ *[mm/dd/yyyy]*, under Recording No. _____, in _____ County, Washington.

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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: Toni Vance - 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:

THE EAST HALF OF LOT 8, ALL OF LOT 9, BLOCK 5, PAPES ADDITION, AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 59, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

Toni Vance
Signature

Toni Vance
Print Name

State of Washington
County of Skagit

JUSTYNE P RIEHL NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 12-09-29 2242

This record was acknowledged before me on 5-1-26 by Toni Vance.

(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 12-9-29

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2018-024096**

DATE ISSUED: **06/12/2018**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **DANIEL PAUL**
LAST NAME(S): **VANCE**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 17, 2018**
HOUR OF DEATH: **09:40 PM**
SEX: **MALE** AGE: **70 YEARS**
SOCIAL SECURITY NUMBER.

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

BIRTH DATE:
BIRTHPLACE: **MT VERNON, WA**

MARITAL STATUS: **MARRIED**
SPOUSE: **TONI TESCH**

OCCUPATION: **MAINTENANCE ENGINEER**
INDUSTRY: **EDUCATION**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

INFORMANT: **TONI VANCE**
RELATIONSHIP: **WIFE**
ADDRESS: **403 E. SPRUCE MT. VERNON, WA 98273**

CAUSE OF DEATH:
A: **MALIGNANT MELANOMA**
INTERVAL: **1 YEAR**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **GLIOBLASTOMA DIAGNOSED DEC 2015**

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: **403 E. SPRUCE**
CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98273**

RESIDENCE STREET: **403 E SPRUCE ST**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273-2951**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **33 YEARS**

FATHER/PARENT: **PAUL VANCE**
MOTHER/PARENT:

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

CITY, STATE: **BELLINGHAM, WASHINGTON**
DISPOSITION DATE: **JUNE 01, 2018**

FUNERAL FACILITY: **JERNS FUNERAL CHAPEL**

ADDRESS: **800 E SUNSET DR**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**
FUNERAL DIRECTOR: **BRADLEY W. BYTNAR**

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: **ANITA M. MEYER, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
DATE SIGNED: **MAY 31, 2018**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **MAY 31, 2018**

NOT VALID IF PHOTOCOPIED OR ALTERED

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Affidavit for Correction

Health

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:
2. Date of Event:
3. Place of Event:
4. Father/Parent Full Legal 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 Person on Record: ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital
7. Return Mailing 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:	Printed name:	Date:	16b. Signature of 2nd parent (if required):	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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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

- 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

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 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

CERTIFIED

JUN 12 2018

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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