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09/10/2026 12:37 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Grantor (Name of Decedent): JAMES E. EBERSOLE

Grantee (Heirs): JANET F. EBERSOLE

Legal Description:

LOT 76, ISLAND VIEW PARK, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 38,
RECORDS OF SKAGIT COUNTY, WASHINGTON.

Tax Parcel No. (s): P57609/3798-000-076-0009

ORIGINAL

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.2916

SEP 10 2026

Amount Paid \$-0
Skagit Co. Treasurer

By  Deputy

INHERITANCE LACK OF PROBATE

(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

The undersigned affiant, JANET F. EBERSOLE, being first duly sworn, executes this affidavit relating to the estate of JAMES E. EBERSOLE (herein "Decedent"), who died on September 28, 2019, 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 the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- (X) 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:

Names of All Heirs of the Decedent

3. That all heirs at law of the decedent that were living at the time of decedent's death are listed below:

"Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identified all heirs at law of the decedent:

JANET F. EBERSOLE

Age: 89

Relationship: wife

Address: 1916 24th ST, Anacortes WA 98221

DAVID A. EBERSOLE

Age: 63

Relationship: son

Address: 1102 NE Maple Pl, Coupeville WA 98239

DOUGLAS J. EBERSOLE

Age: 66

Relationship: son

Address: 1020 6th ST, Anacortes WA 98221

Description of the Property

4. That the following real property was owned by the Decedent at the time of death, located in County of Skagit, State of Washington, and described as follows:

LOT 76, ISLAND VIEW PARK, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 38, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Situate in Skagit County, Washington.

Subject to: Protective covenants established by that certain instrument recorded May 24, 1955 under auditor's file No. 518307.

Assessor's Property Tax Parcel/Account Number: P57609/3798-000-076-0009

Physical address: 1916 24th Street, Anacortes WA 98221

Affidavit RE: Lack of Probate – 2

Status of the Will (if any)

Decedent DID LEAVE A LAST WILL AND TESTAMENT which has not been probated or revoked. In addition, no probate is being filed, and no personal representative has been appointed for the estate. THAT affiant acknowledges, and so states, that each and all of the obligations against the estate of said decedent, if any, will be her responsibility to pay or provide for.

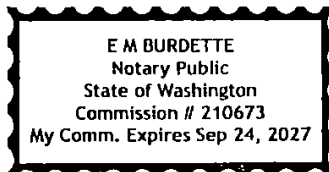
THAT affiants agree that the ownership of the above-described property shall be transferred to JANET F. EBERSOLE. This affidavit is made pursuant to RCW 11.62.010.

Janet F. Ebersole
 Affiant's full name
360-724-8160
 Telephone number
1916 24th
 Street
Anacortes, WA 98221
 City State Zip Code
Janet F. Ebersole 9/3/26
 Signature Date

STATE OF WASHINGTON)
) SS.
 County of Skagit)

On this day personally appeared before me JANET F. EBERSOLE to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 3 day of September, 2026.



EMBurdette
 Notary Public in and for the State of Washington
 Residing at: Burlington WA
 My Commission expires: 9.24.2027

Affidavit RE: Lack of Probate – 3

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 10/02/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-042657

FIRST AND MIDDLE NAME(S): JAMES E.
LAST NAME(S): EBERSOLE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 28, 2019

HOUR OF DEATH: 02:30 PM

SEX: MALE AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED] 5

BIRTHPLACE: OKLAHOMA CITY, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JANET F MILLS

OCCUPATION: LAB ANALYST

INDUSTRY: OIL REFINERY

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: JANET F EBERSOLE

RELATIONSHIP: WIFE

ADDRESS: 1916 - 24TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: B-CELL LYMPHOMA

INTERVAL: 4 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT MYOCARDIAL
INFARCTION

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: 1916 - 24TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1916 - 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 51 YEARS

FATHER/PARENT: HAROLD EBERSOLE

MOTHER/PARENT: ELEANOR BROWN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: OCTOBER 01, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: SEPTEMBER 30, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: SEPTEMBER 30, 2019



Affidavit for Correction

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Washington State Department of Health
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	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: _____ 3. Place of Event: _____	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First _____ Middle _____ Last _____		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First _____ Middle _____ Last _____	
	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 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: _____ 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

- 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
- 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
- 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 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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
- 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

OCT 02 2019

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



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