



202609150050

09/15/2026 10:13 AM Pages: 1 of 7 Fees: \$309.50
Skagit County Auditor

After recording, return to:

Mary Jane Ellis
25640 SE 154th St.
Issaquah, WA 98027SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX2026-2023
SEP 15 2026Amount Paid \$ 3475.40
Skagit Co. Treasurer
By [Signature] DeputyGrantor (Name of Decedent): ROBERT F. ELLISGrantee (Heirs): MARY JANE ELLIS

Abbreviated Legal Description: Lot 135, Shelter Bay, Div. 2

Tax Parcel No.(s): P129004 / 5100-002-135-0000 and S3302010026

Chicago
620062970

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WACOUNTY OF SNOHOMISHThe undersigned, STEVEN J. ELLIS, executes this affidavit relating to the estate of ROBERT F. ELLIS (herein "Decedent"), who died on MARCH 21 2026 in the County of SNOHOMISH, State of WA, then being a resident of the City of STANWOOD, County of SNOHOMISH, State of WA.

(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): _____

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: MARY JANE ELLIS WIFE/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.

[Signature]

Signature

STEVEN J ELLIS POA
 Print Name

State of KING WA
 County of KING

see attached

This record was acknowledged before me on _____ by _____

 (Signature of notary public)

Notary Public in and for the State of _____

My commission expires: _____

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: _____

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.

MARYJANE ELLIS BY ROSEN
HER ATTORNEY IN FACT
 Signature

MARYJANE ELLIS
 Print Name

State of _____
 County of _____

This record was acknowledged before me on _____ by _____

 (Signature of notary public)
 Notary Public in and for the State of _____
 My commission expires: _____

See attached

State of Washington

County of King

I certify that I know or have satisfactory evidence that Steven J. Ellis is the person who appeared before me, and said person acknowledged that he/she signed this instrument as Attorney in Fact for Mary Jane Ellis and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 9-8-26

KA
Name: Keith Post
Notary Public in and for the State of WA
Residing at: Kenton
My appointment expires: 3-9-27

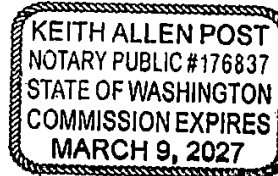


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P129004 / 5100-002-135-0000 and S3302010026

LOT 135, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2 TRIBAL AND ALLOTTED LANDS OF SWINOMISH INDIAN RESERVATIONS," AS RECORDED MARCH 17, 1970, IN VOLUME 43, PAGES 833 THROUGH 838, INCLUSIVE, UNDER AUDITOR'S FILE NO. 737013, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH the following described parcel:

Beginning at the Northwest corner of Lot 135;
Thence North 84°31'03" West to the line of mean high tide;
Thence Southerly along the line of mean high tide to an intersection with a line drawn North 70°48'20"
West from the Southwest corner of Lot 135;
Thence South 70°48'20" East to the Southwest corner of Lot 135;
Thence North 24°00'00" East a distance of 60 feet to the point of beginning.

ALSO TOGETHER WITH all beneficial rights, to the extent the same are real property, contained in
Dock Easement recorded June 17, 1981, under Auditor's File No. 8106170019.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-014147

LOCAL FILE NUMBER: 1438

DATE ISSUED: 03/25/2026
FEE NUMBER:FIRST AND MIDDLE NAME(S): ROBERT FRANCIS
LAST NAME(S): ELLIS

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: MARCH 21, 2026

HOUR OF DEATH: 11:46 AM

SEX: MALE

AGE: 97 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: KENOSHA, WISCONSIN

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARY JANE HARTLEY

OCCUPATION: ENGINEER

INDUSTRY: AEROSPACE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: STEVEN ELLIS

RELATIONSHIP: SON

ADDRESS: 25640 SE 154TH STREET, ISSAQUAH, WA 98027

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA

INTERVAL: 1 WEEKS

B: RECURRENT ASPIRATION PNEUMONITIS

INTERVAL: 1 WEEKS

C: DYSPHAGIA OF UNKNOWN CAUSE

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: FALLS

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: 7212 265TH STREET NW APT. 151

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

RESIDENCE STREET: 135 LUMMI DRIVE

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: CLYDE S. ELLIS

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MARCH 25, 2026

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: MICHELLE SETTIMO

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: NOT APPLICABLE

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MARCH 22, 2026

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JESSICA BRUNE

DATE RECEIVED: MARCH 25, 2026

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

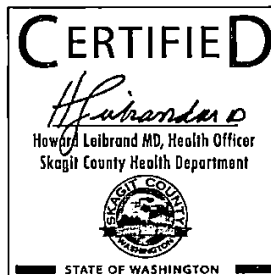
09/15/2026 10:13 AM Page 1 of 7
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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 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:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	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:				
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 2nd parent (if required):		
Printed name:		Printed name:		Date:
Date:		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:				
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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.				



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



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