

Parcel No.: 340332-4-003-0008\P23061; 340332-4-004-0100\P111028

Legal Desc: Ptn W% SE%, 32-34-3

### LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON ) ss.
COUNTY OF SKAGIT

Alan Mesman, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of Norma Mesman, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

# See Exhibit "A" attached hereto

SECOND, that said Decedent died on the 18 day of October, 99 in King Scattle, County of the King State of Wa.

THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other that those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows:

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of  $\frac{430,000}{1000}$  including real property above-described, which had an approximate market value of  $\frac{430,000}{130,000}$ 

FIFTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of

last sickness and for funeral services have been paid.

SIXTH, that the following lists comprises all of the heirs at law by whom said Decedent was survived. (Show age of each heir opposite name. If any heirs are under 18, this Affidavit is not applicable).

Alan Mesman, son, legal age

DATED this 2 day of MAn , 2000

Alan Mesman

STATE OF WASHINGTON

}ss

County of Skagit

I hereby certify that I know or have satisfactory evidence that Alan Mesman is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this 2rd day of April, 2000.

STATE OF WASHING

Notary Public in and for the State of Washington, residing at

of Washington, residing at

My appointment expires 10-01-07

200005090016

200005090016 Kathy Hill, Skagit County Auditor 5/9/2000 Page 2 of 5 10:24:12AM

### Exhibit "A"

## PARCEL "A":

That portion of the Southwest ¼ of the Southeast ¼ of Section 32, Township 34 North, Range 3 East, W.M., lying Northerly of the following described line:

Beginning at a point on the East line of said Southwest ¼ of the Southeast ¼ of said Section 32, a distance of 990 feet South of the Northeast corner thereof;

thence West a distance of 495 feet;

thence Northeasterly on a line which, if extended, would intersect the North line of the Southwest ¼ of the Southeast ¼ at a point 330 feet West of the Northeast corner thereof, to a point 660 feet South of said North line;

thence West to the West line of said Southwest ¼ of the Southeast ¼ and the terminus of this line description.

## PARCEL "B":

The Southwest ¼ of the Southeast ¼ lying West of the County Road as said road existed on April 21, 1951, in Section 32, Township 34 North, Range 3 East, W.M.

Situate in the County of Skagit, State of Washington

20005090016

Kathy Hill, Skagit County Auditor 5/9/2000 Page 3 of 5 10:24:12AM



| LOCAL FILE NUMBER  | CERT   | <b>M</b> Hea   | alth OF DEATH  | . ·   | 146<br>s                              | TATE FILE NUMBER  |
|--|--|--|--|---|---------------------------------------|---|
| 1. NAME First  | Middle<br>Grace  | Last<br>Mesman   |  | 2. SEX (M /F)  Female   | •                                     | ATE (Mo. Day. Yr) 18, 1999  |
|  | ER 1 DAY 7. BIRTHDATE (Mo. D   | Day, Yr) 8. BIRTHPL<br>(City, Ste  | ate or Foreign Country)  | 9. WAS DECE   | DENT EVER 10<br>ED FORCES?            | COUNTY OF DEATH   |
| 11. CITY, TOWN OR LOCATION OF DEATH  Seattle   |  | H  | THEN GIVE ADDRESS OR INSTI<br>3. RM/OUT PTN & HOSP. 5 1  | TUTION NAME   |                                       | 13. SMOKING IN LAST<br>15 YEARS? (Yes / No)   |
|  | G SPOUSE (if wife, give maiden name  |  | 16. SOCIAL SECURITY N  | 0. 17.  | DECEDENT'S ED<br>(Specify only high   |   |
| Divorced (Specify)  Widowed  | N/A  |  |  | Eler  | nentary/Secondary                     |   |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)  | 19. KIND OF BUSINESS OR INDU   | ISTRY  | 20 Was Decedent of Hispan<br>Yes or No. If Yes, specify  |   |                                       | 21. RACE (Specify)  |
| Housewife  | Homemaker  | TON LA MICHE OF  | (Yes / No) Specify: 1  |   | OF 26. STATE                          | Caucasian 27. ZIP CODE  |
| 22. RESIDENCE—NUMBER AND STREET  | 23. CITY/TOWN, OR LOCAT  | TION 24. INSIDE CIT-<br>LIMITS?<br>(Yes / No)  | Y 25A. COUNTY  | RES. IN C   | O.                                    |   |
| 13658 Chilberg Lane 28. FATHER'S NAME—FIRST, MIDDLE, LAST  | Mt.Vernon  |  | Skagit MOTHER'S NAME—FIRST, MID  | 68 Yrs  |                                       | 98273   |
| Virgil Fell  |  | M <sub>3</sub>   | rtle I.  |   |                                       |   |
| 30. INFORMANT—NAME   | 31. MAILING  | mild of the control o | TREET OR RFD NO.   | CITY OR TOWN  |                                       | STATE ZIP   |
| Alan F. Mesman  32. BURIAL CREMATION 33. DATE (Mo. Day, Yr)  | LZ609  |  | alley Road A   | ft.Vernor   |                                       | <del></del>   |
| 32. BURIAL, CREMATION REMOVAL, OTHER (Specify)  Burial  33. DATE (Mo. Day, Yr)  10-22-1999   | Pleasant R   |  | etery  |   |                                       | Vashington  |
| 36. FUNERAL DIRECTOR SIGNATURE   | 37. NAME OF FACILITY   |  |  | 38. ADDRESS OF  |                                       | 98273   |
| Redward T. Bligge  | Kern Funer   | al Home  |  | 1122 S.   |                                       | Mt.Vernon, WA   |
| 39. TO THE BEST OF MY KNOWLEDGE, DE AND WAS DUE TO THE CAUSE(S) STATED.  SIGNATURE AND TITLE   | 1 Selove   | s Ny   | THE TIME, DATE AND PLACE   |   |                                       | DPINION DEATH OCCURRED AT ATED.  45. HOUR OF DEATH (24 Hrs)   |
| 40. DATE SIGNED (Mo., Day, Yr) 10 - 19 - 9   | 9 41. HOUR OF DEATH (2 0925  | 4 Hrs.)  | 4. DATE SIGNED (Mo., Day, Yr)  |   | <u>-</u> 1                            | 43. HOUR OF DEATH (24 his)  |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTH   | ER THAN CERTIFIER (Type or Print)  | 1 44   |  |   |                                       | 1   |
|  |  |  | B. PRONOUNCED DEAD (Mo., [   | Day, Yr)  |                                       | 47. HOUR PRONOUNCED DEAD (24 Hrs.)  |
| 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, M   | IEDICAL EXAMINER OR CORONER  | (Type or Print)  |  |   |                                       |   |
| Daniel Selove, M.D.,   | IEDICAL EXAMINER OR CORONER 3031 Kromer Av   | (Type or Print)  venue, Eve  |  |   | 201                                   | (24 Hrs.)   |
|  | 3031 Kromer Av   | (Type or Print)  Venue, Evenue, THE DEATH:   | erett, Washi   |   | 201                                   | (24 Hrs.)  49. ME/CORONER FILE NUMBER  INTERVAL BETWEEN ONSET AND   |
| Daniel Selove, M.D., 50. ENTER THE DISEASES, INJURIES, OR COMPINEDIATE CAUSE (Final disease or condition resulting in death).  A. Sudde  | 3031 Kromer Av   | (Type or Print)  Venue, Evenue, Evenue | erett, Washi   | igton 982   | 201                                   | (24 Hrs.)  49. ME/CORONER FILE NUMBER  INTERVAL BETWEEN ONSET AND DEATH  Munulos  |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR  | 3031 Kromer AV PLICATIONS WHICH CAUSED  ON CONTROL A CONSEQUENCE OF:   | (Type or Print)  Venue, Evenue, Evenue | erett, Washi   | igton 982   | 201                                   | (24 Hrs.)  49. ME/CORONER FILE NUMBER  INTERVAL BETWEEN ONSET AND   |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES. OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  DUE TO, OR AS  | 3031 Kromer AV PLICATIONS WHICH CAUSED  ON CONTROL A CONSEQUENCE OF:   | (Type or Print)  Venue, Evenue, Evenue | erett, Washi   | igton 982   | 201                                   | (24 Hrs.)  49. ME/CORONER FILE NUMBER  INTERVAL BETWEEN ONSET AND INTERVAL BETWEEN ONSET AND  |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  Sequentially list conditions, if any, leading to immediate cause. Enter  | SEDICAL EXAMINER OF CORONER  3031 Kromer Av  PLICATIONS WHICH CAUSED  CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  | (Type or Print)  Venue, Evenue, Evenue | erett, Washi   | igton 982   | 201                                   | (24 Hrs.)  49. ME/CORONER FILE NUMBER  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND   |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting  | SOURCE CONSERVATIONS WHICH CAUSED  CON CONTROL  A CONSEQUENCE OF:  A CONY ATTER  A CONY ATTER  TO ANY ATTER  TO AN | (Type or Print)  Venue, Evenue, Evenue | erett, Washi   | igton 982   | 201                                   | INTERVAL BETWEEN ONSET AND DEATH  |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.  51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONDITIONS CONDITIONS  | A CONSEQUENCE OF:  ONTRIBUTING TO DEATH BUT NO   | TRESULTING IN THE U  | erett, Washin  | ngton 982   | SY? \$3                               | INTERVAL BETWEEN ONSET AND DEATH  WAS CASE REFERRED TO  |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.  51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONDITIONS CONDITION | A CONSEQUENCE OF:  A CONSEQUENCE OF:  CONTRIBUTING TO DEATH BUT NOT THE PARTY OF TH | TRESULTING IN THE U  | erett, Washing Landschool Consideration  | ngton 982   |                                       | INTERVAL BETWEEN ONSET AND DEATH  |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.  51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONDITIONS | A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  CONTRIBUTING TO DEATH BUT NOT THE COURT OF THE COURT | TRESULTING IN THE U  | erett, Washingth, Wash | ove: 52. AUTOR (Yes / 1   | sy?<br>%)Yes                          | INTERVAL BETWEEN ONSET AND DEATH  WAS CASE REFERRED TO MEDICAL EXAMINER OR NO CORONER? (Yes / No)   |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.  51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS—CONDITIONS CONDITIONS CONDITION | A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  CONTRIBUTING TO DEATH BUT NOT COMPANY | TRESULTING IN THE U  | Mashin de la consecución de la conscience de la conscience de la conscience de la consecución del consecución de la cons | ngton 982  OVE: 52. AUTOR (Yes/)  O O O 5 O , Skagit C          | sy?<br>Sy)Yes<br>9 0 0 1 0<br>ounty A | INTERVAL BETWEEN ONSET AND DEATH  WAS CASE REFERRED TO MEDICAL EXAMINER OR NO CORONER? (Yes / No)   |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.  51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONDITIONS—CONDITION | A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  CONTRIBUTING TO DEATH BUT NOT COMPANY | TRESULTING IN THE U  | Moderation  Canada Serven ABORTO  Consideration  Co | ngton 982  OVE: 52. AUTOR (Yes/)  O O O 5 O , Skagit Coage 4 of | sy?<br>Sy)Yes<br>9 0 0 1 0<br>ounty A | INTERVAL BETWEEN ONSET AND DEATH  WAS CASE REFERRED TO MEDICAL EXAMINER OR NO CORONER? (Yes / No)  MEDICAL EXAMINER OR NO CORONER? (Yes / No)  OBAY YES |
| Daniel Selove, M.D.,  50. ENTER THE DISEASES, INJURIES, OR COMP  IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.  51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONDITIONS—CONDITIONS | A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  (Mo. Day, Yr)  S6 HOUR OF  (24 Hrs)  | TRESULTING IN THE U  | Mashin de la consecución de la conscience de la conscience de la conscience de la consecución del consecución de la cons | ngton 982  OVE: 52. AUTOR (Yes/)  O O O 5 O , Skagit Coage 4 of | sy?<br>Sy)Yes<br>9 0 0 1 0<br>ounty A | INTERVAL BETWEEN ONSET AND DEATH  WAS CASE REFERRED TO MEDICAL EXAMINER OR NO CORONER? (Yes / No)  Uditor  1:24:12AM                                    |

# **AFFIDAVIT FOR CORRECTION**

|   |                                       |  | VOID THIS CERT  |  |  | CATE M                 | UST BE ISSUED TO VALIDATE (  | CHANGES.       |
|---|---------------------------------------|--|---|--|--|------------------------|--|----------------|
| NOWREH OF   | CERTIFICATES                          | FEE NUMBER   |   | INITIALS DA  | itE in the first term of the f |                        | AFFIDAVIT NUMBER   |                |
| Carry Marie Carry | et.                                   | ATE OFFICE   | USE ONLY  | <u> </u>   |  |                        | STATE OFFICE USE ONLY  |                |
| - Samuel Control  | 387 6 2                               | th 🗆   | Marriage -  | <u> </u>   | 1. STATE FILE NU   | JMBER                  | TATE OFFICE USE ONLY   | ·              |
| The reco  |                                       | eath 🖵   | Dissolution -   | I with   |  |                        | for  |                |
| 2 NAME  |                                       |  | Diodolation =   | * ***  | 3. DATE OF EVEN  | NT                     | 4. PLACE OF EVENT (City and County)  |                |
| 1   | And the second second                 | Marine Commence of the Commenc |   |  | 1  |                        |  |                |
| 5. FATHER'S F   | FULL NAME (If B                       | rth), HUSBAND (II  | Marriage/Dissolution)   |  | 6. MOTHER'S FUL  | LL MAIDE               | <br>N NAME (If Birth), WIFE (If Marriage/Dissolution)  | <del></del>    |
|   |                                       |  |   |  |  |                        | ,  |                |
| THE DECC  | OPD IS INCC                           | NODECT ÓD I  | NCOMPLETE AS  | EOLLOWS:   |  | <del></del>            |  | ,              |
| • .   | D NOW SHOWS:                          | AUENI OU I   | NCOMPLETE AS  | POLLOVVS:  | THE TRUE FAC   | T IC.                  |  |                |
| 7.  | 3 NOW 3 NOW 3.                        |  |   |  | 8.   | 1 15.                  |  |                |
|   |                                       |  |   |  |  |                        |  |                |
| 9.  |                                       |  |   |  | 10.  |                        |  |                |
| · ••  |                                       | and the state of t |   |  | 10.  |                        |  |                |
| 11.   |                                       |  |   | · · · · · · · · · · · · · · · · · · ·  | 12.  |                        |  |                |
| • • •   | •                                     |  | Marie Committee |  |  |                        |  |                |
| 13.   |                                       |  |   |  | 14.  |                        |  |                |
|   |                                       | :  | Salar S   |  | 17.  |                        |  |                |
|   | AT THE DED                            |  | OF F PARENTS  | HADDIAN ET   | ) ODEOUTY 11   | 15.                    |  | ¥ ÷ ,          |
| I HEPHESE   | NI INE PER                            | SON AS (E.G.   | SELF, PARENT, G   | UAHDIAN, ETC   | .) SPECIFY   |                        |  |                |
| PHONE NU  | MBER:                                 | A security of  |   | A CONTRACTOR OF THE CONTRACTOR | L  | <del></del>            |  |                |
|   | •                                     |  | DER THE LAWS OF THE   | STATE OF WASH  | INGTON THAT THE  | FORGOIN                | IG IS TRUE AND CORRECT.  |                |
| 16. SIGNATUF  |                                       |  | . 417 - 177   | 7. DATE  | 18. ADDRESS  |                        |  | 1.1.           |
|   |                                       | *  | Was in the same   |  |  |                        | eren i de la companya de la company   | <u>:</u> :     |
| DCH 110-007 (   | Rev. 3/99)                            |  | 27 W. W.  |  |  |                        |  | <del></del>    |
| All vital recomade by cour  | ords are register<br>rt order. This o | ered as received<br>certificate must   | I. Changes must be r<br>be returned within o  | nade by affidav<br>ne year of the d  | it. An item may bate it was issued to  | oe change<br>o receive | ed by affidavit only once. Subsequent che a replacement copy free of charge.   | anges must b   |
| Birth Certifi   |                                       | in the second of |   | S. Carrier Control of the Control of | •  | • ,, , ,               |  |                |
| 1. All o  | changes must                          | be established   | by documentary p  | roof submitted   | with the affiday   | it                     |  |                |
| 2. Only   | y a parent, lega                      | al guardian (if t  | he child is under 18)   | , or the adult the   | emselves (if 18 or   | older) m               | nay change the birth certificate.  |                |
| The   | proof(s) must                         | match exactly  | the asserted true fac   | t(s). For exampl   | e, if the affidavit  | says the               | name is Mary Ann Doe, then the proof   | must show th   |
|   |                                       |  | A. Doe or M.A. Does old or established was  |  |  | y Ann Do               | oe.  | •              |
|   |                                       | ments of proof:  |   | within five years  | SOI OHUI.  |                        |  |                |
| Cert  | tificate of Natu                      |  | Marriage Recor  |  |  | l Record               |  |                |
|   | sus Record                            |  | Medical Record  |  |  |                        | ration Card (if it bears an effective date)  |                |
|   | pital Records<br>rance Records        |  | Military Record<br>Your Child's Bi  |  | Anen<br>Passpo   |                        | tion Card (front and back)   |                |
|   |                                       |  |   |  |  |                        | davit for correction provided:   |                |
| - <b>T</b> h  | iis is a <u>one tim</u>               | <u>e only</u> change.  | Subsequent changes  | will require a ce  | ertified copy of a   | court ord              | lered name change.   |                |
| - Th  | ne new surnam                         | e may be the m   | other's maiden name   | or father's surn   | ame (if present or   | the cert               | ificate) or a combination of the two.  |                |
| - Af  | ter age one, su<br>cumentary pro      | irname changes   | require a certified c   | opy of a court o   | rdered name char   | nge. Min               | or spelling changes may be made with an  | n affidavit an |
|   |                                       |  | s first or middle name  | e by completing  | and signing an af  | ffidavit f             | or correction (until their child's 18th birth  | iday).         |
| 8. This   | s affidavit can                       | not be used to   | add a father to a b   | irth certificate.  | (use the paternity   | y affidavi             | it - form DOH (10-001)   | 47             |
| Death Certif  | ficates                               |  |   |  |  | :                      | And the state of t | tue.           |
| 1. Only   | y the informan                        | t, the funeral d   | irector, or executors.  | administrators (   | (if evidence confi   | irming su              | ich position is presented) may change th   | e non-medica   |
| info  | rmation.                              |  |   |  |  |                        | A Company of the Comp |                |
|   |                                       |  |   | iged only by the   | attending physic   | ian or the             | e coroner/medical examiner.  |                |
| Marriage/Di   | issolution (Div                       | orce) Certific   | ates  |  |  |                        |  |                |
| 1. Pers   | sonal fact (mir                       | nor spelling ch  | anges in name, date   | or place of bi   | rth or residence)  | may be                 | changed by affidavit plus proof by th  | e person. Se   |
| desc  | cription of proc                      | ofs in births abo  | ove. A person's own   | birth certificate  | is also acceptable   | e proof.               | A STATE OF THE STA | _              |
| 2. To c   | mange the date                        | or place of ma   | irriage or dissolution  | , the officiant (n   | narriage) or clerk   | of court               | (dissolution), must sign the affidavit.  |                |
| T01 1 . 1   |                                       | this form/cert   | • ~   |  |  |                        |  | 200 E          |

Please send the proof(s) and this form/certificate to:

Attn: Corrections **Center for Health Statistics** 1112 Quince Street South P.O. Box 9709 Olympia, WA 98507-9709

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



Kathy Hill, Skagit County Auditor 5/9/2000 Page 5 of 5 10:24:12AM

