



200306130018

Skagit County Auditor

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LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) SS.

KEITH A. STRODTMANN, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of CLARENCE I. STRODTMANN, 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:

TPN 330507-0-013-0004 & 330507-0-013-0100

THAT PORTION OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 33 NORTH, RANGE 5 EAST W.M., LYING EASTERLY OF THE COUNTY ROAD, AND THEN NORTHERN PACIFIC RAILWAY RIGHT OF WAY, WHICHEVER IS FURTHER EAST, EXCEPT THE SOUTH 60 FEET THEREOF.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR ROADWAY PURPOSES OVER AND ACROSS THE 60 FOOT STRIP EXCEPTED IN THE MAIN TRACT ABOVE DESCRIBED.

SUBJECT TO EASEMENTS, RESTRICTIONS AND ENCUMBRANCES OF RECORD.

SECOND, that said Decedent died on the 1st day of January, 2001 in Skagit County, State of Washington.

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 than those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows: NONE.

FOURTH, that all property, both real and personal, passed directly to GRACE ELIZABETH STRODTMANN (a.k.a. ELIZABETH STRODTMANN) as his surviving spouse.

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.

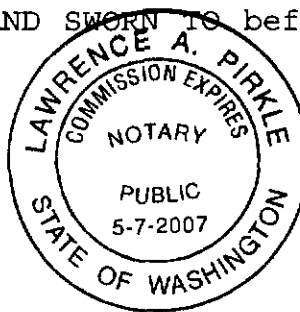
SIXTH, that the following lists comprises all of the heirs at law by whom said Decedent was survived.

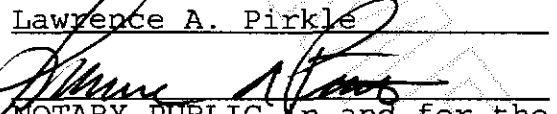
<u>Name</u>	<u>Relationship</u>	<u>Age</u>
RANDALL I. STRODTMANN 24941 Lake Cavanaugh Mount Vernon, WA 98274	Son	Legal
KEITH A. STRODTMANN 2107 S. 19th St. Mount Vernon, WA 98273	Son	Legal
KATHY E. KNOTT 1404 Trapelo Court Virginia Beach, VA 23456	Daughter	Legal
LESLIE A. HANNA 314 Ball, Apt. #104 Sedro Woolley, WA 98284	Daughter	Legal

DATED this 12 day of June, 2003.


KEITH A. STRODTMANN

SUBSCRIBED AND SWORN TO before me this 12th day of June, 2003.



Lawrence A. Pirkle

NOTARY PUBLIC in and for the
State of Washington
Residing in Mount Vernon
My Commission Expires 5/7/07



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: CLARENCE Middle: I Last: STRODTMANN				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) January 1, 2001	
4. AGE LAST BIRTHDAY (Yrs) 81		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) Sep 21, 1919		8. BIRTHPLACE (City, State or Foreign Country) Gilliam, MO	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon		12. PLACE OF DEATH -- <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 24941 Lake Cavanaugh Road				13. COUNTY OF DEATH Skagit	
14. MARITAL STATUS -- Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Elizabeth Potts		16. SOCIAL SECURITY NO. 495-12-1221		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Fireman		19. KIND OF BUSINESS OR INDUSTRY Naval Air Station		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE -- NUMBER AND STREET 24942 Lk Cavanaugh Rd		23. CITY/TOWN, OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 46 yr		26. STATE WA	
						27. ZIP CODE 98273	
28. FATHER'S NAME -- FIRST, MIDDLE, LAST Edwin Strodtmann				29. MOTHER'S NAME -- FIRST, MIDDLE, MAIDEN SURNAME Katie Glenn			
30. INFORMANT -- NAME Elizabeth Strodtmann		31. MAILING ADDRESS STREET OR RFD NO. 24941 Lake Cavanaugh Rd. CITY OR TOWN Mount Vernon, WA STATE WA ZIP 98273					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Jan 2, 2001		34. CEMETERY/CREMATORY -- NAME Mount Vernon Crematory		35. LOCATION -- CITY/TOWN, STATE Mount Vernon, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>x Richard Lemley</i>		37. NAME OF FACILITY Lemley Chapel		38. ADDRESS OF FACILITY 1008 3rd St Sedro-Woolley, WA 98284			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x Tianna Tsitsis</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x</i>			
40. DATE SIGNED (Mo, Day, Yr) January 2, 2001		41. HOUR OF DEATH (24 Hrs) 0930 hrs		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER -- PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Tianna Tsitsis, MD 1400 E Kincaid Mount Vernon, WA 98273						49. ME/CORONER FILE NUMBER NJA-001	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
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.		A. COPD		INTERVAL BETWEEN ONSET AND DEATH hrs			
		B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH			
		C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH			
		D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS -- CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: lung cancer						52. AUTOPSY? (Yes / No) No	
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY -- AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION -- STREET OR RFD NO. CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>x Dorothy Epps, deputy</i>		63. DATE RECEIVED (Mo, Day, Yr) JAN 02 2001	



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DOH 01-003 (5/99)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER _____ for 2. NAME _____		
5. FATHER'S FULL NAME (If Birth); HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth); WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: THE RECORD NOW SHOWS: _____ THE TRUE FACT IS: _____					
7. _____			8. _____		
9. _____			10. _____		
11. _____			12. _____		
13. _____			14. _____		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY					15. _____
PHONE NUMBER: _____					
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.					
16. SIGNATURE		17. DATE		18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DCH-110-001)

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

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

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.

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

Howard Leibrand

Date Issued

JAN 03 2001



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 Skagit County Auditor

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