



200309080352
Skagit County Auditor

9/8/2003 Page

1 of

6 3:36PM

Document Title:

Lack of Probate Affidavit

Reference Number :

Grantor(s):

☐ additional grantor names on page ____

1. Wilder, Ann

2.

Grantee(s):

☐ additional grantee names on page ____

1. Public

2.

Abbreviated legal description:

☐ full legal on page(s) ____

Wilder, Robert D. Estate

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

5100 -002 -132 -6000

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

ANN WILDER, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of ROBERT D. WILDER, 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 Attached Exhibit "A", incorporated herein by this reference.

SECOND, that said Decedent died on the 9th day of July, 2003 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 the Estate of said Decedent at the date of death was in excess of its liabilities.

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 list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
ANN WILDER 132 Lummi Drive LaConner, WA 98257	Spouse	Legal



WENDY SUE POULTON
70 Hoh Place
LaConner, WA 98257

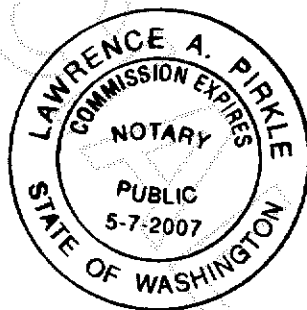
Daughter

Legal

DATED this 8 day of September, 2003.

Ann Wilder
ANN WILDER

SUBSCRIBED AND SWORN TO before me this 8 day of September, 2003.



Lawrence A. Pirkle

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



EXHIBIT A

THE REAL ESTATE described in said lease is as follows:

Lot 132, REVISED MAP SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation, as recorded March 17, 1970 in Volume 43 of Official Records, pages 833 through 838, records of Skagit County, Washington.

Together with the following described parcel:

Beginning at the northwest corner of Lot 132; thence North 27°00'00" West to the line of mean high tide; thence northeasterly along the line of mean high tide to the intersection with a line projected North 50°00'00" West from the most northerly corner of Lot 132; thence South 50°00'00" East to the most northerly corner of Lot 132; thence South 24°00'00" West a distance of 21.77 feet; thence South 81°00'00" West a distance of 20.53 feet to the point of beginning;

Subject to easement of record.

Tax ID No. 5100-002-132-0000 P84129



200309080352

Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

589-03
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME Robert Daniel Wilder				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) July 9, 2003	
4. AGE LAST BIRTHDAY (Yrs) 78		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Aug. 8, 1924		8. BIRTHPLACE (City, State or Foreign Country) Seattle, WA	
11. CITY, TOWN OR LOCATION OF DEATH Sedro Woolley		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. RM/OUT PTN 4 <input type="checkbox"/> HOSP. 5 <input checked="" type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE Life Care Center of Skagit Valley				13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Ann Burgoldt		16. SOCIAL SECURITY NO 537-12-5291		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2 yrs.	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Airline Pilot		19. KIND OF BUSINESS OR INDUSTRY Eastern Airlines		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) Caucasian	
22. RESIDENCE — NUMBER AND STREET 132 Lummi Drive		23. CITY/TOWN OR LOCATION La Conner		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skagit	
26. STATE WA		27. ZIP CODE 98257		28. FATHER'S NAME — FIRST, MIDDLE, LAST Daniel B. Wilder		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Lulu B. Beach	
30. INFORMANT — NAME Ann Wilder		31. MAILING ADDRESS 132 Lummi Drive, La Conner, Washington 98257					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) July 11, 2003		34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory		35. LOCATION — CITY/TOWN, STATE Mount Vernon, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>Edward F. Wigg</i>		37. NAME OF FACILITY Kern Funeral Home		38. ADDRESS OF FACILITY 1122 South 3rd. Mount Vernon, Washington			
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>Dean Dietrich, M.D.</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>Dean Dietrich, M.D.</i>			
40. DATE SIGNED (Mo., Day, Yr) 7-11-03		41. HOUR OF DEATH (24 Hrs.) 2025		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) Dean Dietrich, M.D., 1952 Hospital Drive, Sedro Woolley, WA 98284				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) Dean Dietrich, M.D., 1952 Hospital Drive, Sedro Woolley, WA 98284				49. MEDICORNER FILE NUMBER			
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.		Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH unknown	
A. DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH	
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 GIVE ABOVE:				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOM. 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) DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>x Dorothy Epps, deputy</i>		63. DATE RECEIVED (Mo., Day, Yr) JUL 11 2003	



200309080352
Skagit County Auditor

9/8/2003 Page 5 of 6 3:36PM

DOH 01-003 (5/99)

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

<p>The Record now shows:</p> <p>6. _____</p> <p>8. _____</p> <p>10. _____</p> <p>12. _____</p>	<p>The True fact is:</p> <p>7. _____</p> <p>9. _____</p> <p>11. _____</p> <p>13. _____</p>
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14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____	16. Date: _____	17. Address: _____
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

<p>Examples of documentary proof:</p> <ul style="list-style-type: none"> Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records 	<ul style="list-style-type: none"> Medical Record Military Record (DD-214) Birth Record Passport 	<ul style="list-style-type: none"> School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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 certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JUL 11 2003

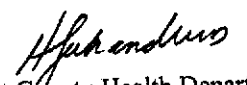
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200309080352

Skagit County Auditor

9/8/2003 Page 6 of 6 3:36PM


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