



200403260122  
Skagit County Auditor

3/26/2004 Page 1 of 3 3:51PM

### LACK OF PROBATE AFFIDAVIT

Order Number

State of WASHINGTON

County of SKAGIT

SUSAN TASTAD

being first duly sworn, deposes and says:

WV SHIPLEY FIRST, that this Affidavit is for the purpose of supplying information pertaining the Estate of CYDE 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:

LOT 46 LITTLE MOUNTAIN ADDS, P100653

SECOND, that the Decedent died on the 8<sup>th</sup> day of April, 2002, in the City of MUSKALE County of CLATSOP, State of WASHINGTON

THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or 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:

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$30,000, including real property above described, which had an approximate market value of \$ 35,000

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 comprise all of the heirs at law whom said Decedent was survived. (Show age of each heir opposite their name. If any heirs under 18, this Affidavit is not applicable.):

DATED this 26<sup>th</sup> day of March, 2004 . x Susan Tastad

State of Washington }  
County of Skagit } SS:

I certify that I know or have satisfactory evidence that is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: March 26 2004

Sharon R. Anthony

SHARON R. ANTHONY  
STATE OF WASHINGTON  
NOTARY --- PUBLIC  
My Commission Expires 9-6-2005

Notary Public in and for the State of Washington  
Residing at: Mount Vernon  
My appointment expires: 9-6-2005

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

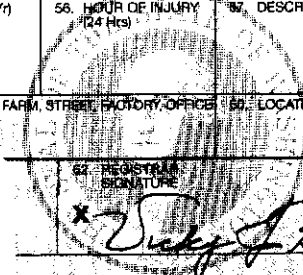
108  
LOCAL FILE NUMBER

146  
STATE FILE NUMBER

OFFICE USE ONLY  
1. DISTRICT  
2. COPIES  
3. HOSPITAL  
4. OCCURRENCE  
5. RESIDENCE  
6. TRACT  
7. OCCUPATION  
  
DECEASED  
  
PARENTS  
  
DISPOSTION  
  
CERTIFIER  
  
CAUSE OF DEATH

1. NAME First Middle Last <b>Clyde Wilbur Shipley</b>			2. SEX (M / F) <b>M</b>		3. DEATH DATE (Mo. Day, Yr) <b>April 8, 2002</b>									
4. AGE LAST BIRTH-DAY (Yrs) <b>69</b>		5. UNDER 1 YEAR MOS DAYS <b>          </b>		6. UNDER 1 DAY HOURS MINS <b>          </b>		7. BIRTHDATE (Mo, Day, Yr) <b>          </b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Bellingham WA.</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		13. COUNTY OF DEATH <b>Grant</b>		
11. CITY, TOWN OR LOCATION OF DEATH <b>Moses Lake</b>				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>11717 Chris Drive N.E.</b>						13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>				
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Divorced</b>			15. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>			16. SOCIAL SECURITY NO. <b>          </b>			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (1-4 or 5+) <b>n/a</b>					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Dam Builder</b>			19. KIND OF BUSINESS OR INDUSTRY <b>Iron Worker</b>			20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>N/A</b>			21. RACE (Specify) <b>White</b>					
22. RESIDENCE — NUMBER AND STREET <b>11717 Chris Dr N.E.</b>			23. CITY/TOWN, OR LOCATION <b>Moses Lake</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		25A. COUNTY <b>Grant</b>		25B. LENGTH OF RES. IN CO. <b>Less 1 year</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98837</b>	
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Hilliard Samuel Shipley SR.</b>						29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Delza Irene</b>								
30. INFORMANT — NAME <b>Sue Tastad</b>			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>11717 Chris Dr, N.E., Moses Lake WA 98837</b>											
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>04-11-2002</b>		34. CEMETERY/CREMATORY — NAME <b>Jerns &amp; McKinney Funeral Chapel</b>				35. LOCATION — CITY/TOWN, STATE <b>Bellingham WA</b>						
36. FUNERAL DIRECTOR SIGNATURE <b>x Susan Smith</b>			37. NAME OF FACILITY <b>Jerns &amp; McKinney Funeral Chape</b>			38. ADDRESS OF FACILITY <b>800 E. Sunset Dr. Bellingham WA 98225</b>								
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 <b>x Jerry D. Jasman Coroner</b>						40. DATE SIGNED (Mo, Day, Yr) <b>April 8, 2002</b>								
41. HOUR OF DEATH (24 Hrs) <b>0130</b>						42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>          </b>								
43. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Jerry D. Jasman, Grant County Coroner, 1022 W. Ivy #2, Moses Lake WA. 98837</b>						44. HOUR OF DEATH (24 Hrs) <b>0130</b>								
45. ME/CORONER FILE NUMBER <b>2002-0408-057</b>						46. PRONOUNCED DEAD (Mo, Day, Yr) <b>April 8, 2002</b>								
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:														
IMMEDIATE CAUSE (Final disease or condition resulting in death). <b>A. Colon Cancer with Metastasis to Liver and Right Lung.</b>				INTERVAL BETWEEN ONSET AND 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.				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: <b>Natural</b>						52. AUTOPSY? (Yes / No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>						
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									
62. REGISTRAR SIGNATURE <b>x Vicki J. Ruthford Deputy Registrar</b>						63. DATE RECEIVED (Mo, Day, Yr) <b>4-8-02</b>								

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DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)  
DOL 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
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
The record of Birth <input type="checkbox"/>		Marriage <input type="checkbox"/>		1. STATE FILE NUMBER
Death <input type="checkbox"/>		Dissolution <input type="checkbox"/> with		
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
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 DOH 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.

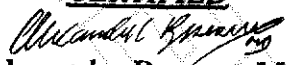
**Marriage/Dissolution (Divorce) Certificates**

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.

**CERTIFIED**  
  
**Alexander Brzezny, MD**

APR 09 2002

Health Officer  
**GRANT COUNTY HEALTH DISTRICT**  
**MOSES LAKE WASHINGTON**



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 Skagit County Auditor

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