



200602150113

Skagit County Auditor

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Document Title:

Lack of Probate Affidavit
+
Death Certificate

Reference Number:

Grantor(s):

☐ additional grantor names on page ____

1. Elma N. Kager 3.
2. Washington State of 4.

Grantee(s):

☐ additional grantee names on page ____

1. Public 3.
2. Arthur J. Kager Estate 4.

Abbreviated legal description:

☐ full legal on page(s) ____

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P58183 + P57954

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

ELMA N. KAGER, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of ARTHUR J. KAGER, deceased, and it is intended that the statements set forth herein, shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Assessor's Parcel No: P58183 3809-104-005-0002

Lots 4 and 5, Block 104, NORTHERN PACIFIC ADDITION TO ANACORTES, according to the recorded Plat thereof in the office of the Auditor of Skagit County, Washington, Volume 2 of Plats, page 9.

Assessor's Parcel No: P57954 3804-010-010-0009

Lots 8, 9 and 10, Block 10 of J.M. MOORE'S ADDITION TO ANACORTES, as per Plat recorded in Volume 1 of Plats, page 32, records of Skagit County; situate in the County of Skagit, State of Washington.

SECOND, that said Decedent died on the 20th day of December, 2002 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.



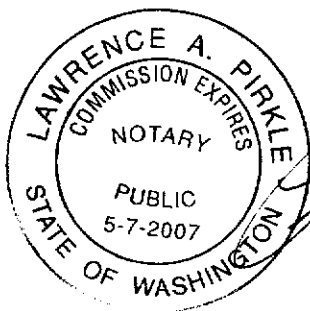
SIXTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
ELMA N. KAGER 2906 M. Ave. Anacortes, WA 98221	Spouse	Legal
CHARLES KAGER 2906 M. Ave. Anacortes, WA 98221	Son	Legal
JAMES KAGER 410 Norris Street Burlington, WA 98223	Son	Legal

DATED this 14 day of February, 2006.

Elma Kager
ELMA N. KAGER

SUBSCRIBED AND SWORN TO before me this 14 day of February, 2006.



LAWRENCE A. PIRKLE

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



200602150113
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

940-02
LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME First: Arthur Middle: John Last: Kager				2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) Dec 20, 2002	
4. AGE LAST BIRTHDAY (Yr) 72		5. UNDER 1 YEAR MOS: 72 DAYS: 00 HOURS: 00 MINS: 00		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Guemes Island, WA	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 2906 M Avenue		13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): Married		15. SURVIVING SPOUSE (If wife, give maiden name) Elma N. Larsen		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Stevadore/Longshoreman		19. KIND OF BUSINESS OR INDUSTRY Shipping Industry		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) White	
22. RESIDENCE — NUMBER AND STREET 2906 M Avenue		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Skagit	
26. STATE WA		27. ZIP CODE 98221		28. LENGTH OF RES. IN CO 72y		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Hattie (nmi) [REDACTED]	
28. FATHER'S NAME — FIRST, MIDDLE, LAST James Bidwell Kager				30. INFORMANT — NAME Elma N. (Larsen) Kager			
31. MAILING ADDRESS 2906 M Avenue, Anacortes, WA 98221				32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial			
33. DATE (Mo, Day, Yr) Dec 27, 2002				34. CEMETERY/CREMATORY — NAME Fernhill Cemetery			
35. LOCATION — CITY/TOWN, STATE Anacortes, WA				36. FUNERAL DIRECTOR SIGNATURE x R. L. Evans			
37. NAME OF FACILITY Evans Funeral Chapel				38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221			
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 X [Signature]				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 X [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 12/23/2002		41. HOUR OF DEATH (24 Hrs.) 02:45 AM		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) C. Les Conway M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221				49. ME/CORONER FILE NUMBER NJA 322			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death): respiratory failure		A. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH years		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. chronic obstructive pulmonary disease		B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH years		C. chronic obstructive pulmonary disease	
C. chronic obstructive pulmonary disease		C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		D. chronic obstructive pulmonary disease	
D. chronic obstructive pulmonary disease		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) Yes		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) ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: x Dorothy Eppe, deputy DATE: DEC 26, 2002		62. REGISTRAR SIGNATURE x Dorothy Eppe, deputy		63. DATE RECEIVED (Mo., Day, Yr) DEC 26, 2002	



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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			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 certifying physician or the coroner/medical examiner.

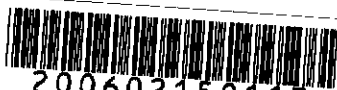
Marriage/Dissolution (Divorce) Certificates

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.



200602150113
 Skagit County Auditor

CERTIFIED

DEC 30 2002

H. Lebrand
 Skagit County Health Department
 Howard Lebrand M.D., Health Officer

JJ00445588