



200611090025

Skagit County Auditor

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LACK OF PROBATE AFFIDAVIT

State of WashingtonCounty of SkagitHelen E Schourup being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of Edward S. Schourup 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:

P117154 1142 Lopez Ln. 4th Amendment to the Ccd A Condo
Lot 95 Acre 0.10 (Dk 12)

SECOND, that the Decedent died on the 7 day of Dec., 2004
 in the City of Mt. Vernon, County of Skagit, State of Wa.

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 \$ _____, including real property above described, which had an approximate market value of \$ 163,360.00

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 decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services

SEVENTH, 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.):

Helen E. Schourup 79

Helen E. Schourup
 Signature of Affiant

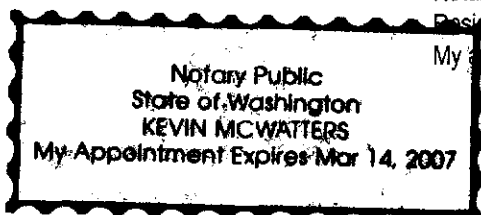
DATED this 9 day of NOVEMBER, 2006

State of WASHINGTON
 County of SKAGIT } SS:

I certify that I know or have satisfactory evidence that HELEN SCHOURUP
 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: 11-9-2006

Notary Public in and for the State of WASHINGTON
 Residing at: ARLINGTON
 My appointment expires: 3-14-2007



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 821-04		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix Edward Searle Schourup			2. Death Date 11/7/2004		
3. Sex (M/F) Male	4a. Age - Last Birthday 83	4b. Under 1 Year Months Days 11/18/1920	4c. Under 1 Day Hours Minutes Grand Island Nebraska	5. Social Security Number 550-14-4003	6. County of Death Skagit
7. Birthdate 11/18/1920		8a. Birthplace (City, Town, or County) Grand Island Nebraska		8b. Decedent's Education Master's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1142 Lopez Lane				13b. City or Town Burlington	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98233
14. Estimated length of time at residence: 45 Yrs.		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Helen Elizabeth Peterson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). School Psychologist			18. Kind of Business/Industry (Do not use Company Name) Education		
19. Father's Name (First, Middle, Last, Suffix) Walter Schourup			20. Mother's Name Before First Marriage (First, Middle, Last) Helen Palmer		
21. Informant's Name Helen Schourup		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1142 Lopez Lane Burlington, Washington 98233	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) Skagit Valley Hospital			26a. City, Town, or Location of Death Mount Vernon		26b. State WA
27. Zip Code 98273		28. Method of Disposition Donation/Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Cascade Cremation Center	
30. Location-City/Town, and State Tualatin, Oregon			31. Name and Complete Address of Funeral Facility Crown Memorial Centers 8974 SW Tualatin-Sherwood RD Tualatin OR 97062		
32. Date of Disposition November 10, 2004			33. Funeral Director Signature X <i>John Joseph Louder</i>		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Intra-oral gunshot wound Interval between Onset & Death 17 hrs Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Due to (or as a consequence of): Interval between Onset & Death c. Due to (or as a consequence of): Interval between Onset & Death d. Due to (or as a consequence of): Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Prostate cancer (metastatic)			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 11/07/2004	42. Hour of Injury (24hrs) Approx 0530	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Decedent's home		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street 1142 Lopez Lane		Apt. No.		City or Town: Burlington County: Skagit State: WA Zip Code + 4: 98233	
46. Describe how injury occurred Self inflicted gunshot wound - handgun			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>Bruce Bacon</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Bruce Bacon, PO Box 1306 Mt. Vernon, WA 98273			50. Hour of Death (24hrs) 2250		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) 11/09/2004		
53. Title of Certifier CORONER		54. License Number		55. ME/Coroner File Number 137-04	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			57. Registrar Signature <i>Sandra Mellick, Deputy</i>		
58. Date Received (mm/dd/yyyy) NOV 10 2004			59. Amendments		



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DOH 01-003 (5/99)



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

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:

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

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an
Insurance Records Birth Record effective date)
Marriage/Divorce Records Passport Alien Registration Card (front and back)

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- 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.
- 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

DEC 07 2004



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

MM00123227