

6/13/2007 Page

1 of

611:41AM

Document Title: Lack of Probate Afficiant
AFFICAVIT
Reference Number:
Grantor(s): [_] additional grantor names on page
I IVY, Thomas R.
2.
<u>Grantee(s):</u> [_] additional grantee names on page
1 public
2.
Abbreviated legal description: [] full legal on page(s)
Lots 11412 BLUY Aracites
Assessor Parcel / Tax ID Number: [] additional tax parcel number(s) on page
P 55137
Estate of Marie L. Robinett Ivy

LACK OF PROBATE (SEPARATE PROPERTY)

STATE OF WASHINGTON COUNTY OF SKAGIT SS:

ORDER No. COUNTY

Thomas R Ivy, being first duly sworn, on oath deposes and says:

That affiant is the lawful surviving spouse of Marie L. Robinett Ivy of Anacortes, Washington, who died on October 14, 2006 in the city of Anacortes, county of Skagit, State of Washington.

That among items of separate property was real estate described as follows:

Parcel # P55137 / Tax #3772-044-012-0004/ Anacortes, Lots 11 and 12, Block 44

That affiant has herein below identified each and all of the heirs at law of decedent, including, but not limited to, his/her spouse, children, adopted children and the issue of any predeceased child or adopted child. If decedent left no surviving children, then affiant has listed below all the surviving parents, brothers, and sisters of decedent.

That the heirs at law of the decedent are:

1.) Thomas R Ivy 1020 16th St Anacortes, WA 98221

That affiant knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of said decedent (9ncluding, but not limited to: all the debts of the decedent; all the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, except as follows:

200706130066 Skagit County Auditor

6/13/2007 Page

2 of

611:41AM

CHECK ALL THAT APPLY

X	A copy of the Death Certificate is attack A copy of the Death Certificate was pre-	
<u>X</u>	The decedent left a Will, a copy of whith The decedent left no Will.	ch is attached hereto.
<u>X</u>	The decedent's estate is not being probe. The decedent's estate is subject to probunder Property and Propert	ated. ate proceedings inCounty, State of obate Case No
X 	tax. State and/or Federal succession or inher paid. A copy of the release/discharge is	om State and/or Federal succession or inheritance ritance tax in the amount of \$has been attached hereto. ritance taxes are due, but have not been paid.
Д,	That all creditor's claims against the es	tate of the decedent have been paid.
That th	was approximately \$, inclu	of death, including all real and personal property, uding the value of the community property of use of approximately \$, and including ty of approximately \$
This af	number set forth above, in which deced	TLE COMPANY OF WASHINGTON, eal property covered by the Company's order ent held an interest at the time of her death. policy of title insurance in full reliance upon the
DATE	D: 6-12-07 homas P Juy	1020 164 55
1/	as R Ivy (Affiant's Signature) Do Ma-S I Ivy as R Ivy (Affiants printed name)	1020 16 1 51 Anacortes Wa 98221 Affiant's full address Affiant's Phone # 360-293-1184
		200706130066 200706130066 Skagit County Auditor 6(13/2007 Page 3 of 611:41AM

6/13/2007 Page

STATE OF WASHINGTON COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that Thomas R Ivy is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: 06-12-07

NOTARY PUBLIC

My appointment expires: 04-09-09

NOTAD BEET THE OWN ASHINGTON

200706130066 Skagit County Auditor

No Caucasian 13b. City or Town 13a. Residence: Number and Street (e.g624 SE 5" SL) (Include Apt. No.) 13b. City or Town 1020 - 16th Street 13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. I 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. I 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. I 13d. Tribal Reservation Name (if state is present the state of Death 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Give name prior to Irist maringe) 15. Years 16f. Surviving Spouse's Name (Give name prior to Irist maringe) 17. Usual Occupation (Indicate type of work done during most of working life. (so Not use Retireto) 16. Surviving Spouse's Name (Give name prior to Irist maringe) 17. Usual Occupation (Indicate type of work done during most of working life. (so Not use Retireto) 16. Surviving Spouse's Name (Give name prior to Irist maringe) 17. Usual Occupation (Indicate type of work done during most of working life. (so Not use Retireto) 16. Surviving Spouse's Name (Give name prior to Irist maringe) 17. Usual Occupation (Indicate type of work done during most of working life. (so Not use Retireto) 16. Surviving Spouse's Name (Give name prior to Irist maringe) 17. Usual Cocupation (Indicate type of work done during most of working life. (so Not use Retireto) 16. Surviving Spouse's Name (Give name prior to Irist maringe) 18. Virving Spouse's Name (Give name prior to Irist maringe) 18. Virving Spouse's Name (Give name prior to Irist maringe) 18. Virving Spouse's Name (Give name prior to Irist maringe) 18. Virving Spouse's Name (Give name prior to Irist maringe) 18. Virving Spouse's Name (Give name prior to Irist maringe) 18. Virving Spouse's Name (Give name prior to Irist maringe) 18. Virving Spouse's Name (Give name prior to Irist maringe) 18. Virving S	side City Limit
3. Sex (MF) 46. Age - Lest Birndey Mounts Days bound Security Number Scale Country Obeath Street Security Number Scale Country Obeath Street Security Number Scale Country Obeath Street Security Number Scale Country Oregon 1. Security Number Scale Country Oregon 1. Security Number Scale Country Oregon 1. Security Ore	orces? No side City Limit
3. Sex (MPF) 46. Age - Lest Binndey 6b. Under 1 Year Months 5 Social Security Number 5 Skagit 7. Birthdate 8a. Birthplace (CAy, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education 11th Grade, No GBD 10. Was Decedent or risspanic Origin? (res or No) if yes, specify. 11. Decedent's Race(s) Caucasian 13b. City or Town 10.20 - 16th Street (e.g., 624 SE 5" St.) (Include Apt. No.) 13b. City or Town 10.20 - 16th Street 13c. Residence: Country 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13g. 13c. Residence: Country 13f. Zip Code + 4 13g. 13g. 13c. Residence: Country 13f. Size 13g. 13g. 13g. 13g. 13g. 13g. 13g. 13g.	orces? No side City Limit
Signification Significatio	orces? No side City Limit
Silverton Silverton Oregon 11. Decedent's Race(s) 12. Was 13. Management 13.	orces? No side City Limit
10. Was Deceterin or rish panic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) Caucagian 12. Was Indeed and Street (e.g. 624 SE 5" SL) (Include Apt. No.) 1020 - 16th Street 13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country Washington 18. Zip Code + 4 18e. Yes Street 14. Estimated length of time at residence 15. Marital Status at Time of Death Married 17. Usual Occupation (Indicate type of work cone during most of working life. (no not use semestic.) 18. Faither's Name (First, Middle, Last, Suffix) (unk) (unk) 19. Faither's Name (First, Middle, Last, Suffix) (unk) (unk) 10. Mother's Name Before First Marriage (First, Middle, Last) 10. Mother's Name Before First Marriage (First, Middle, Last) 11. Midle (unk) 12. Relationship to Decedent 12. Relationship to Decedent 12. Mailing Address: Name are severate Rio Ne 10. Cyce Team State Tom Richard Ivy 1020 - 16th Street Anacortes WA 24. Pigce of Death, if Death Occurred on a Hospital: Nusing Home 25. Facility Name (if not a facility, give number & street or location) Picate of Death, if Death Occurred Somewhere Other than a Hospital: Nusing Home 27. Fidal go Care Center 28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory Northwest Crematory 30. Location-City/Town, and State 30. Location-City/Town, and State 30. Location-City/Town, and State 31. Name and Complete Address of Funcial Facility Revans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221- 34. Enter the chain of events — diseases, injuries of complications— that directly caused the death. Do 10 or net terminal events such as cerdiac arrost, responsibility in the distology. Do Not ABBREVIATE. Add additional lines if nocessary. MMEDIATE CAUSE (Final disease or confidence) and confidence of the death. Do 10 or net terminal events such as cerdiac arrost, responsibility in the distology. Due to for as a consequence of): Not th	orces? No side City Limit
13a. Residence: Number and Street (e.g. 624 SE 5" SL) (Include Apt. No.) 13b. City or Town 1020 - 16th Street 13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. 13g. Kegit 13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. 13g. Kegit 13c. State or Foreign Country 13f. Zip Code + 4 13g. 13g. Kegit 13c. State or Foreign Country 13f. Zip Code + 4 13g. 13g. Kegit 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. Kegit 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. State or Foreign Country 13f. Zip Code + 4 13g. 13g. Zip Code + 4 13g. Zip Code +	side City Limit
13a. Residence: Number and Street (e.g. 624 SE 5" St.) (Include Apt. No.) 1020 - 16th Street 13c. Residence: County 13d. Tripal Reservation Name (#applicable) 15b. Marital Status at Time of Death 16b. Surviving Spouse's Name (Give name prior to trist marriage) 17b. Static Stylist 17b. Usual Occupation (Indicate type of work done during most of working iffe. (ao Not use Retriet) 18b. Rair Salon 19b. Rair Salon 19b	
1020 - 16th Street 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. 2p Code + 4 13d.	
Skagit 14. Estimated length of time at residence 15. Martial Status at Time of Death 15. years 17. Usual Occupation (Indicate type of work done during most of working life. (no Not use Retriect) 18. Surviving Spouse's Name (Give name prior to first marriage) 17. Usual Occupation (Indicate type of work done during most of working life. (no Not use Retriect) 18. Father's Name (First, Middle, Last, Suffex) (unk) (unk) (unk) (unk) 19. Father's Name (First, Middle, Last, Suffex) (unk) (unk) (unk) (unk) 21. Informant's Name Tom Richard Ivy 22. Relationship to Decedent Tom Richard Ivy Place of Death, #Death Occurred an a Hospital: Place of Death, #Death Occurred an a Hospital: Place of Death, #Death Occurred on a Hospital: Nussing Home 25. Facility Name (if not a facility, give number & street or location) Fidalgo Care Center 28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Roartes Na 982 31. Name and Complete Address of Funeral Facility Svans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Wa 98221- 33. Funeral Director Signature X Cause of Death, (See instructions and examples) 34. Enter the chain of events – diseases, injuries or complications – that directly caused the death. Do Not enter terminal events such as cardiac arrest, responsiting in death) Cause of Death, (See instructions and examples) 34. Enter the chain of events – diseases, injuries or complications – that directly caused the death. Do Not enter terminal events such as cardiac arrest, responsiting in death) Cause of Death, (See instructions and examples) 34. Enter the chain of events – diseases, injuries or complications – that directly caused the death. Do Not enter terminal events such as cardiac arrest, responsiting in death) Due to (or as a consequence of) Indicate the prior to first Middle, Last Tom Richard Tvy To	
Skegit 16. Surviving Spouse's Name (Give name prior to first marriage) 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Give name prior to first marriage) 17. Usual Occupation (Indicate type of work done during most of working life. (no Not use Retried) 18. Kind of Business/Industry (Do not use Company Name) 18. Hair Salon 19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last) (unk) (unk) (unk) (unk) (unk) (unk) (unk) (unk) (unk) (unk) (unk) (unk) (unk) (unk)	<u> </u>
15 years Married Tom Richard Ivy 17. Usual Occupation (Indicate type of work done during most of working life. (no NOT USE RETRIED) Hair Stylist 19. Father's Name (First, Middle, Last, Suffix) (unk) (unk) (unk) (unk) (unk) (unk) 21. Informant's Name 22. Relationship to Decedent 23. Malling Address: Numerar and street rRFD No Circ Town State Zip 24. Place of Death, if Death Occurred in a Hospital: Nusing Home 25. Facility Name (if not a facility, give number & street of location) Picture of Death, if Death Occurred in a Hospital: Nusing Home 26. City, Town, or Location of Death Na 1982 28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Rocetes Washington 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Wa 98221- Cause of Death, (See instructions and examples) 34. Enter the chair of events – diseases, injuries or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respondition resulting in death) Sequentially list conditions, if any, leading b, to the cause listed on line a. Enter the Due to (or as a consequence of): 10. Unk) (unk) (unk	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT USE RETIRED) 18. Kind of Business/Industry (Do not use Company Name) Hair Stylist 19. Father's Name (First, Middle, Last, Suffex) (unk) (unk) (unk) (unk) (unk)	
Hair Stylist 19. Father's Name (First, Middle, Last, Suffex) (unk) (unk) (unk) (unk) (unk) (unk) 21. Relationship to Decedent Tom Richard Ivy 22. Relationship to Decedent Tom Richard Ivy 23. Mailing Address: Number and Street of RFO No. Circh Text. State Tom Richard Ivy 24. Place of Death, if Death Occurred an a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Nusing Home 25. Facility Name (if not a facility, give number & street of location) Fidalgo Care Center 29. Place of Final Disposition (Name of cemetery, crematory, other place) 28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Anacortes, Washington 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Wa 98221- 33. Funeral Director Signature X Cause of Death, (See instructions and examples) 34. Enter the chain of events - diseases, injuries or complications - that directly caused the death. Do NOT enter terminal events such as cardiac arrest, responsibility in the constitution in resulting in death) 34. Enter the chain of events - diseases, injuries or complications - that directly caused the death. Do NOT enter terminal events such as cardiac arrest, responsibility in the control of the place of the death. Do NOT enter terminal events such as cardiac arrest, responsibility in the control of the cause of the death. Do NOT enter terminal events such as cardiac arrest, responsibility in the control of the c	
19. Father's Name (First, Middle, Last, Suffix) (unk) (unk) (unk) (unk) (unk) (unk) (unk) 21. Informant's Name 22. Relationship to Decedent 23. Malling Address: Number and streat or FID No. 24. Place of Death, if Death Occurred in a Hospital: Nusing Home 25. Facility Name (If not a facility, give number & streat or location) Fidalgo Care Center 29. Place of Final Disposition (Name of centerry, crematory, other place) Northwest Crematory 30. Location-City/Town, and State Cremation 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Wa 98221- Oct 17, 200 33. Funeral Director Signature X Lase of Death (See instructions and examples) 34. Enter the chain of events — diseases, injuries or complications — that directly caused the death. DO NOT enter terminal events such as cardiac arrest, responsibility in death) Do NOT ABBREVIATE Add additional lines if necessary. Interval by the conditions, if any, leading by to the cause listed on line a. Enter the Due to (or as a consequence of): 120. Multing Address: Number adverses or Park (Sunk) (unk)	
21. Informant's Name 22. Relationship to Decedent Tom Richard Ivy Rusband Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred in a Hospital: Nusing Home 25. Facility Name (if not a facility, give number & street or location) Pidalgo Care Center 29. Place of Final Disposition (Name of cemetery, crematory, other place) Rorthwest Crematory 30. Location-City/Town, and State Anacortes, Washington (Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Washington (Name and Complete Address of Funeral Facility By St. Date of Disposition (Name and Complete Address of Funeral Facility Evans Funeral Director Signature X Cause of Death (See instructions and examples) 34. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, responsibility in the condition resulting in death) Sequentially list conditions, if any, leading by to the cause listed on line a. Enter the Due to (or as a consequence of): 31. Interval by Interval	•
Tom Richard Ivy Husband 1020 - 16th Street Anacortes WA 24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Nu Sing Home Place of Death, if Death Occurred Somewhere Other than a Hospital: Nu Sing Home 25. Facility Name (if not a facility, give number & street or location)	
Place of Death, if Death Occurred an a Hospital: Place of Death, if Death Occurred an a Hospital: Nu sing Home 25. Facility Name (if not a facility, give number & street or location) Pidalgo Care Center 29. Place of Final Disposition (Name of cemetery, cereatory, other place) Northwest Crematory	98221
Nu sing Home 25. Facility Name (if not a facility, give number & street or location) Fidalgo Care Center 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Cremation Northwest Crematory 30. Location-City/Town, and State Anacortes, Washingto Anacortes, Washingto 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Wa 98221- 33. Funeral Director Signature X Cause of Death, (See instructions and examples) 34. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, responsibility in the etiology DO NOT ABBREVIATE. Add additional lines if necessary. Interval by Chapter (See Instructions, If any, leading b. Sequentially list conditions, If any, leading b. Oue to (or as a consequence of) Interval by I	
25. Facility Name (if not a facility, give number & street or location) Fidalgo Care Center 29. Place of Final Disposition (Name of cemetery, crematory, other place) 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Anacortes, Washingto Anacortes, Washingto 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Wa 98221- 32. Date of Disposition Cause of Deth (See instructions and examples) 34. Enter the chain of events - diseases, injuries or complications - that directly caused the death. Do NOT enter terminal events such as cardiac arrest, responsition in resulting in death.) 25. Date of Disposition (Name of cemetery, crematory, other place) 36. City, Town, or Location of Death (See Instructions) 37. Date of Disposition (Name of cemetery, crematory, other place) 38. Location-City/Town, and State Anacortes, Washington 39. Date of Disposition (Name of cemetery, crematory, other place) 39. Location-City/Town, and State Anacortes, Washington 30. Location-City/Town, and State Anacortes, Washington 31. Name and Complete Address of Place of City/Town, and State Anacortes, Washington 32. Date of Disposition Cremation 34. Enter the chain of events - diseases, injuries of complete Address of City (See Instructions and examples) 35. Date of Disposition Cremation 36. City Town, and State Anacortes, Washington Anacortes, Washington 37. Date of Disposition Anacort	
Fidalgo Care Center 28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Cremation Northwest Crematory 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Wa 98221- 32. Date of Disposition Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, Wa 98221- 33. Funeral Director Signature X Cause of Deth (See instructions and examples) 34. Enter the chain of events – diseases, injuries or complications – that directly caused the death. Do NOT enter terminal events such as cardiac arrest, responsition in the enterty of the cause of the death. Do Not enter terminal events such as cardiac arrest, responsition in the enterty of the caused the death. Do Not enter terminal events such as cardiac arrest, responsition in the enterty of the caused the death. Do Not enter terminal events such as cardiac arrest, responsition resulting in death. 34. Enter the chain of events – diseases, injuries or complications – that directly caused the death. Do Not enter terminal events such as cardiac arrest, responsition resulting in death. 35. Equation 1 of events – diseases or complications and examples) 36. Location-City/Town, and State State of Disposition (Name of cemetery, crematory other place) 37. Date of Disposition (Name of cemetery, crematory other place) 38. Event place of Disposition (Name of cemetery, crematory other place) 39. Location-City/Town, and State State City/Town, and State State of Disposition (Name of cemetery, crematory other place) 39. Location-City/Town, and State State of Disposition (Name of cemetery, crematory other place) 30. Location-City/Town, and State State of Disposition (Name of cemetery) 30. Location-City/Town, and State State of Disposition (Name of cemetery) 31. Name and Complete Address of Crematory 32. Date of Disposition (Name of Cemeters) 33. Location (Name of Cemeters) 34. Enter the chain of events — disposition (Name of Cem	Code
29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Cremation 31. Name and Complete Address of Funeral Facility 32. Date of Disposit 33. Funeral Chape1 & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221- 34. Enter the chain of events - diseases, injuries or complications - that directly caused the death. Do NOT enter terminal events such as cardiac arrest, respectively in the control of the cause of Disposit in the control of the cause of Disposit in the	21
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221- Cause of Disposit C	
Sevens Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221- Oct 17, 200 33. Funeral Director Signature X Cause of Dight (See instructions and examples) 34. Enter the chain of events - diseases, injuries or complications - that directly caused the death. Do NOT enter terminal events such as cardiac arrest, respectively in the control of the contro	
33. Funeral Director Signature X Cause of Dight (See instructions and examples) 34. Enter the chain of events – diseases, injuries or complications – that direct caused the death. DO NOT enter terminal events such as cardiac arrest, respectively. The properties of the death of the death of the caused the death of the caused the death. Do Not applications – that direct caused the death. Do Not enter terminal events such as cardiac arrest, respectively. Interval by the condition resulting in death of the cause death of t	
Cause of Delfn (See instructions and examples) 34. Enter the chain of events – diseases, injuries or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respectively. The disease or condition resulting in death. Ada additional lines if necessary. Interval by Due to (or as a consequence of). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the	
34. Enter the chain of events – diseases, injuries or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respectively interest by the entire of the	
	ween Onset & D
UNDERLYING CAUSE (disease or injury that initiated the events resulting in c. death)LAST	ween Onset & D
35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy fit complete the Cause	
☐ Yes 🖾 No ☐ Yes	⊠ No
38. Manner of Death 39. If female 40. Did tobacc P Natural Homicide I Not pregnant, but pregnant within 42 days before death to death?	use contribute
Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year, before death Yes	Probably
Suicide Pending Unknown if pregnant within the past year El-No 41. Date of Injury (MMDDYYYY) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury	☐ Unknown it Work?
	No 🖺 Unk
45. Location of Injury: Number & Street:	TO LI OIK
The Code at	1.00 ET OH
47. If transportation injury specify:	IN LION
☐ Driver/Operator ☐ Pedestrian	I Olik
☐ Passenger ☐ Other (Spe	
48a. Certifying Physician Totos lessest orygnomisegopeoperococced as that lever duration (1869) Medical Examiner/Coroner - Opinior assistable gammatical or supported the advantage gardy managerature. (1869) Medical Examiner/Coroner - Opinior assistable gammatical production of the control of the contr	illy)
VILLUM HILL VILLEN WO X	ilfy) sugamonija cay-
	រវិទ្យ ទេដ្ឋក្រុង១១ភូពិ ១១ភូ នានេះ ជាមាននៅទេដន់
49. Name and Address of Certifier Physician, Medical Examiner or Coroner (Type or Print) Nancy B. Llewellyn M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221 20:40 PM	ally) sugatomin on y sind durasusets shrs)
49. Name and Address of Certifier Physician, Medical Examiner or Coroner (Type or Print) Nancy H. Llewellyn M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed on October 16	illy) suggestion (140); stock must seed as three
49. Name and Address of Certifier Physician, Medical Examiner or Coroner (Type or Print) Nancy L. Llewellyn M.D. 2511 M. Avenue, Suite C, Anacortes, WA 98221 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (w. October 16) 53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to	illy) suggestion (140); stock must seed as three
49. Name and Address of Certifier Physician, Medical Examiner or Coroner (Type or Print) Nancy L. Llewellyn M.D. 2511 M. Avenue, Suite C, Anacortes, WA 98221 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed on October 16 53. Title of Certifier M.D. 54. License Number MD000027709 138-06 58. Date Received (Margonymus) 59. Hour of Death (2001) 20:40 PM 50. Hour of Death (2001) 20:40 PM 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (Margonymus) 53. Title of Certifier M.D. 54. License Number MD000027709 55. ME/Coroner File Number 138-06 56. Was case referred to Margonymus 57. Reclister Signature	illy) suggisters (144); sind durastered as press DOMMY 2006
49. Name and Address of Certifier Physician, Medical Examiner or Coroner (Type or Print) Nancy L. Llewellyn M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221 51. Name and Title of Attending Physician If other than Certifier (Type or Print) 52. Date Signed on October 16 53. Title of Certifier M.D. 54. License Number MD00027709 138-06 55. ME/Coroner File Number MD00027709 138-06	illy) suggisters (144); sind durastered as press DOMMY 2006
49. Name and Address of Certifier Physician, Medical Examiner or Coroner (Type or Print) Nancy L. Llewellyn M.D. 2511 M. Avenue, Suite C, Anacortes, WA 98221 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed on October 16 53. Title of Certifier M.D. MD00027709 54. License Number MD00027709 55. ME/Coroner File Number 138-06 56. Was case referred to 138-06 57. Recistar Signature	illy) suggisters (144); sind durastered as press DOMMY 2006

DOH/CHS 003 Rev 2/06/2004



6/13/2007 Page

5 of

6 11:41AM

Affidavit for Correction

Center for Health Statistics P.O. Box 9709

* Big Geath	This is a legal D	o <mark>cument.</mark> Comple	ete in Ink a	ind do not	Olympialter. (360) 23	a, WA 98507-9709 36-4300
	Fee Number	STATE OFFICE U	ISE ONLY Initials	Date		Affidavit Number
	Use the section bel	ow for requesting	any char	ges on the	record.	
Hesp of You / Album		Death		rriage		Dissolution
Til filense on régardiz			2. Date ⊙			of Event: (City or County)
C Femers Full Name (For					r Birth): (Wife fo	r Marriage or Dissolution)
		d is incorrect or in	complete a			
Pilopi® Z	ecord now shows:	men.			The True fact is:	
× 1						
		\		<u></u>	·	
* C.		13.				
recressors the person	as: Self Parent.	Guardian Other Scen	ing.	tiani	elephone	Number:
The state of the s	perjury under the level 16. Date: 16. Date: a reserved Andren may be only one year of the date is was	2015 A 300 Se (1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		A CONTRACTOR OF THE STATE OF TH	ant and the same and	
Poblacks would be pecablish		omine byth the affla			i Sahasi Peda	:na
	 Mospital Persons Melansons Persons Mannaga Dilionse Persons 	Espera		2- VII 72 2	efactive date	ਤਾ ਕੀ ਹੈ। Card (ਜਿੱਥੇ bears an ਭਾ ation Card (front and back)
elijelija od aras			Samuel Company of State Company			
THE TO USE THE TOP TO THE TOP TO THE TOP THE T	r si pinantges rabulhs a callilled nam por dis il si cilim dolla vivi o uvvertico mosti a rativaci in cili	ndes Condrovênte fen englik kap in fin fille ging kind on die lasting alle outstere fameling hood on kap burn blaete elwy with thespread englik kap messekapada kapada			rection (provided me prange (any point) har or angle hanges ma	y de made vitr an affica, cano más 18th dinndays.
Death Certificates:	in and a control of the second			_		
o mator.	uneral director, or executors/a			1. 1		
. s see that a my day	ribades of death imay de offs siftym date of death diease o	nged onk by the serin ontain he sount, hear named			e: /=80:52/ 6x2m : e:://505/jed/19/ <mark>?</mark>	sake phanges :
in the Arthur Seat of the Division of Seat Arthur Boat of Seat of Ton Arthur Seat of	leminocres. sde inglonannez i lame da. laga niman apalti daso dan	e o kompeta o tropom Porta of parto mando	e nonce ma e nolema			entonio, the derech English



6/13/2007 Page

6 of

611:41AM



OCT 1 8 2006

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