



200708160092

Skagit County Auditor

8/16/2007 Page 1 of 6 11:11AM

**Filed for Record at request of
and return to:**

STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Tax Parcel # P23346 / P23343 / P108429

AFFIDAVIT RE: LACK OF PROBATE

State of Washington)
) ss.
County of Skagit)

JOAN AUSTIN and LOUISE A. AUSTIN, being first duly sworn, depose and say:

THAT this affidavit is for the purpose of supplying information pertaining to the Estate of Harry G. Austin, 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, state agencies and title companies dealing with the following described real property:

P23343:
1 ACRE TRACT AND HOUSE IN TAX 24A BEGINNING AT THE
SOUTHEAST CORNER LOT 3 SECTION 1 THEN NORTH 200 FEET
WEST 435 FEET SOUTH 200 FEET EAST 435 FEET TO POINT OF
BEGINNING EXCEPT ROAD RIGHT OF

P23346
TAX 25A BEGINNING 215 FEET NORTH OF SOUTHEAST CORNER OF
LOT 3 SECTION 1 THENCE NORTH 150 FEET WEST 435 FEET SOUTH
150 FEET EAST 435 FEET TO POINT OF BEGINNING LESS TAX 25.

P108429
Tax 24A BEGINNING AT THE SOUTHEAST CORNER OF LOT 3 SECTION
1 THEN NORTH 200 FEET WEST 435 FEET SOUTH 200 FEET EAST 435
FEET TO POINT OF BEGINNING EXCEPT ROAD RIGHT OF WAY AND
EXCEPT 1 ACRE TRACT AND HOUSE

THAT said decedent died on or about the 10th. day of July, 1968 in Sedro Woolley, Skagit County, Washington.

That, said decedent executed no Wills, agreements to convey, community property agreements, 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 instrument which have been duly recorded in the office of the Auditor of said county, except as follows: NONE.

That Edna Mary Austin, the wife of Harry G. Austin, claimed as community property all of the property described in the First paragraph above, which was the personal residence of BOTH the decedent and herself.

That the estate of said decedent at the date of death was of the approximate value of UNKNOWN, including the real and personal property above described, which had an approximate market value of \$ UNKNOWN.

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, except as follows: NONE

That the following list comprises all the heirs at law by whom said decedent was survived:

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Edna Mary Austin,	legal	spouse (now deceased)
Vernon Wayne Austin	legal	son (now deceased)
Joan Austin 19311 Prairie Road Sedro Woolley, WA 98284	legal	daughter
Louise A. Austin 19311 Prairie Road Sedro Woolley, WA 98284	legal	daughter

That the undersigned Joan Austin and Louise A. Austin are the duly appointed Co-Personal Representatives of the Estate of Edna Mary Austin, under Skagit County Probate Cause No. 06-4-00344-6 wherein all the heirs of Harry G. Austin are identical to the heirs of Edna Mary Austin and are equal devisees of both estates.

THAT this affidavit is made solely to induce any title insurance company to insure title to real property in full reliance upon the herein representations.



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Skagit County Auditor

DATED: August, 2007

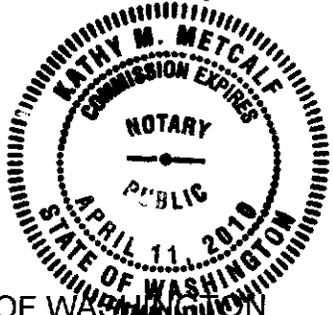
Joan Austin
Joan Austin - Affiant

Louise A. Austin
Louise A. Austin - Affiant

STATE OF WASHINGTON)
)ss
COUNTY OF SKAGIT)

On this day personally appeared before me Joan Austin to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 14 day of August, 2007



Kathy M. Metcalf
Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires 4-12-2010

STATE OF WASHINGTON)
)
County of Skagit)

On this day personally appeared before me Louise A. Austin to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 14 day of August, 2007



Kathy M. Metcalf
Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires 4-12-2010



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HEALTH SERVICES DIVISION BUREAU OF VITAL STATISTICS

OLYMPIA, WASHINGTON



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611:11AM

8191-OS-9-67

WASHINGTON STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

6928

CERTIFICATE OF DEATH

OR PRINT IN PERMANENT INK

1. DECEASED—NAME: HARRY G. AUSTIN; SEX: MALE; DATE OF DEATH: JULY 10, 1968

2. RACE: WHITE; AGE: 48; DATE OF BIRTH: [REDACTED]; COUNTY OF DEATH: SKAGIT

3. CITY, TOWN, OR LOCATION OF DEATH: SEDRO WOOLLEY; HOSPITAL OR OTHER INSTITUTION: D.O.A. UNITED GEN HOSPT RT# 2 SEDRO WOOLLEY

4. STATE OF BIRTH: UTAH; CITIZEN OF WHAT COUNTRY: U.S.A.; MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED; SURVIVING SPOUSE: EDNA McEWEN AUSTIN

5. SOCIAL SECURITY NUMBER: [REDACTED]; USUAL OCCUPATION: SERVICE STATION OPERATOR; KIND OF BUSINESS OR INDUSTRY: GAS & OIL

6. RESIDENCE—STATE: WASH; COUNTY: SKAGIT; CITY, TOWN, OR LOCATION: MOUNT VERNON; STREET AND NUMBER: RT # 4 BOX 318

7. FATHER—NAME: ADDISON AUSTIN; MOTHER—MAIDEN NAME: VIEVA [REDACTED]

8. INFORMANT—NAME: MRS EDNA AUSTIN; MAILING ADDRESS: RT # 4 BOX 318 MOUNT VERNON, WASH 98273

9. PART I. DEATH WAS CAUSED BY: (a) Acute myocardial infarction; (b) Coronary thrombosis (Ant Dec. Br. Lt. CrA); (c) Atherosclerosis; APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes

10. PART II. OTHER SIGNIFICANT CONDITIONS: ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED: [REDACTED]; DATE OF INJURY: [REDACTED]; HOW INJURY OCCURRED: [REDACTED]

11. CERTIFICATION—PHYSICIAN: [REDACTED]; MONTH: [REDACTED]; DAY: [REDACTED]; YEAR: [REDACTED]; AND LAST SAW HIM/HER ALIVE ON: [REDACTED]; DID/SHD NOT VIEW THE BODY AFTER DEATH: [REDACTED]; DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, BELIEVE TO BE THE CAUSE(S) STATED: [REDACTED]

12. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

13. CERTIFIER—NAME (TYPE OR PRINT): IAN BLACK; SIGNATURE: Ian Black; DEGREE OR TITLE: MD; DATE SIGNED (MONTH, DAY, YEAR): 7-11-68

14. MAILING ADDRESS—CERTIFIER: 102 So. 11th MOUNT VERNON, WASHINGTON 98273

15. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL; CEMETERY OR CREMATORY—NAME: CLEAR LAKE CEMETERY; LOCATION: CLEAR LAKE, WASHINGTON

16. DATE: JULY 13, 1968; FUNERAL HOME—NAME AND ADDRESS: LEMLEY MORTUARY 1005 THIRD ST SEDRO WOOLLEY, WN 98284

17. FUNERAL DIRECTOR—SIGNATURE: [REDACTED]; REGISTRAR—SIGNATURE: June P. Boulton; DATE RECEIVED BY LOCAL REGISTRAR: 7/19/68

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY (PHOTOGRAPHIC) OF THE RECORD ON FILE WITH THE WASHINGTON STATE BUREAU OF VITAL STATISTICS, OLYMPIA, WASHINGTON.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

S. F. No. 8191—OS—9-67

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11805

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER **59** DECEASED — NAME **VERNON WAYNE AUSTIN** SEX **M** DATE OF DEATH (MONTH, DAY, YEAR) **May 9, 1971**

DECEASED

RACE **White** AGE — LAST BIRTHDAY **18** UNDER 1 YEAR **18** UNDER 1 DAY **18** DATE OF BIRTH (MONTH, DAY, YEAR) **18** COUNTY OF DEATH **Skagit**
CITY, TOWN, OR LOCATION OF DEATH **South of Sedro Woolley** INSIDE CITY LIMITS (SPECIFY YES OR NO) **no** HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Highway # 20**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Washington** CITIZEN OF WHAT COUNTRY **U. S.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED **Never Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) _____
SOCIAL SECURITY NUMBER _____ USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Student** KIND OF BUSINESS OR INDUSTRY _____
RESIDENCE — STATE **Wash** COUNTY **Skagit** CITY, TOWN, OR LOCATION **Mount Vernon** INSIDE CITY LIMITS (SPECIFY YES OR NO) **no** STREET AND NUMBER **Rt # 4 Box 318**

PARENTS

FATHER — NAME **Harry G Austin** MOTHER — MAIDEN NAME **Edna**

INFORMANT — NAME **Mrs Edna Austin** MAILING ADDRESS **Rt # 4 Box 318 Mount Vernon, Wash 98273**

CAUSE

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) **Massive hemorrhage**
DUE TO, OR AS A CONSEQUENCE OF:
(b) **Multiple injuries severe**
DUE TO, OR AS A CONSEQUENCE OF:
(c) **Automobile accident**
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **Minutes**
MAY 18 1971

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) **Car struck deer, swerved left into Skagit River Bridge Abutment** AUTOPSY (YES OR NO) **no** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO) **no**

CERTIFIER

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) **Accident** DATE OF INJURY (MONTH, DAY, YEAR) **May 9, 1971** HOUR **3:00 A.M.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) **Body thrown from car, landing down hill**
INJURY AT WORK (SPECIFY YES OR NO) **No** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) **On Hiway #9** LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) **1 Mi. South Sedro Woolley, Washington**

BURIAL

CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM _____ TO _____ AND LAST SAW HIM/HER ALIVE ON _____ I DID/DID NOT VIEW THE BODY AFTER DEATH. _____ DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. _____
CERTIFICATION — CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. _____
CERTIFIER — NAME (TYPE OR PRINT) **Ilo Sande** SIGNATURE **Ilo Sande** DEGREE OR TITLE **Coroner** DATE SIGNED (MONTH, DAY, YEAR) **May 10, 1971**
MAILING ADDRESS — CERTIFIER **1219 Quintin St Mount Vernon Wash 98273**

BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** CEMETERY OR CREMATORY — NAME **Clear Lake Cemetery** LOCATION **Clear Lake, Washington**
DATE **May 12, 1971** FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **Lerley Mortuary 1008 Third Sedro Woolley, Wash 98284**
FUNERAL DIRECTOR — SIGNATURE **[Signature]** REGISTRAR — SIGNATURE **[Signature]** DATE RECEIVED BY LOCAL REGISTRAR **5/10/71**



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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:

6. The Record now shows:	7. The True fact is:
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 forgoing 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
 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 effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records Passport

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.

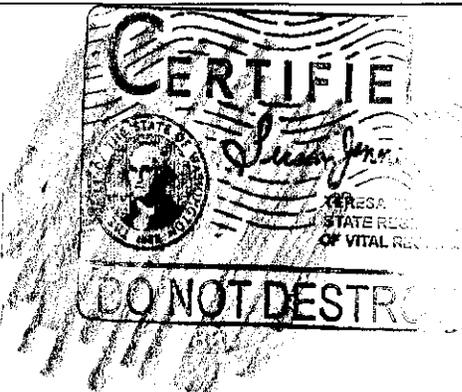
Marriage/Dissolution (Divorce) Certificates:

- 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)



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