



200805060067

Skagit County Auditor

5/6/2008 Page

1 of

5 12:59PM

Document Title:

Lack of Probate Affidavit

Reference Number:

Grantor(s):

☐ additional grantor names on page ____

1. Joyce A. Stevens

2.

Grantee(s):

☐ additional grantee names on page ____

1. Public

2.

Abbreviated legal description:

☐ full legal on page(s) ____

LOT 9 Eastgate South

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P123915

Estate Milo Richard Stevens

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

JOYCE A. STEVENS, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of MILO RICHARD STEVENS, 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:

TPN: 4881-000-009-0000 (P123915)

Lot 9, "PLAT OF EASTGATE SOUTH", as per plat recorded January 6, 2006, under Auditor's File No. 200601060119, records of Skagit County, Washington.

SECOND, that said Decedent died on the 12th day of March, 2008 in Skagit County, State of Washington. (Death Certificate attached as Exhibit "A")

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: Last Will and Testament filed with the Skagit County Clerks office.

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>
JOYCE A. STEVENS 833 S. 30th Street Mount Vernon, WA 98274	Spouse	Legal

KATHY ANN SCHIBIG
44731 SE 145th Street
North Bend, WA 98045

Daughter

Legal

ANDREA ELLA STEVENS
2600 Eastlake Ave. East, #102
Seattle, WA 98102

Daughter

Legal

PAUL RAYMOND STEVENS
833 S. 30th Street
Mount Vernon, WA 98274

Son

Legal

THOMAS JON STEVENS
833 S. 30th Street
Mount Vernon, WA 98274

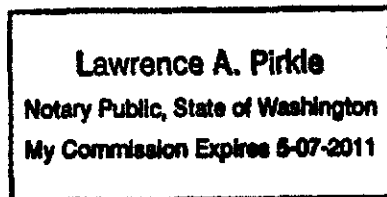
Son

Legal

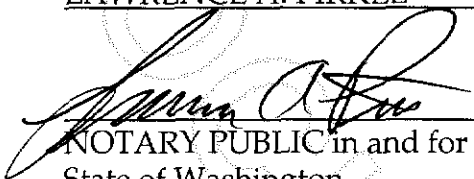
DATED this 6th day of May, 2008.


JOYCE A. STEVENS

SUBSCRIBED AND SWORN TO before me this 6th day of May, 2008.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington
Residing in Mount Vernon
My Commission Expires 5/7/11



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **215-08**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix Milo Richard Stevens				2. Death Date Mar 12, 2008	
3. Sex (M/F) Male	4a. Age - Last Birthday 69	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Lake Wilson	8b. (State or Foreign Country) Minnesota	9. Decedent's Education Bachelor'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.) 833 S 30th St.				13b. City or Town Mount Vernon	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable) --	13e. State or Foreign Country Washington	13f. Zip Code + 4 98274	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 1 Year		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Joyce [REDACTED]		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Owner-Operator			18. Kind of Business/Industry (Do not use Company Name) Cabulance		
19. Father's Name (First, Middle, Last, Suffix) Ray R. Stevens			20. Mother's Name Before First Marriage (First, Middle, Last) Avis A. Anderson		
21. Informant's Name Joyce Stevens		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 833 S 30th St, Mount Vernon, WA 98274		
24. Place of Death, if Death Occurred in a Hospital: Inpatient			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 98274
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility Skagit Cremation Services, LLC POB 2411, Mount Vernon, WA 98273				32. Date of Disposition Mar 14, 2008	
33. Funeral Director Signature X [Signature]					
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, 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. Perforated Viscus			Interval between Onset & Death 10 days		
Due to (or as a consequence of):			Interval between Onset & Death		
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. Infection			Interval between Onset & Death 10 days		
Due to (or as a consequence of):			Interval between Onset & Death		
c.			Interval between Onset & Death		
Due to (or as a consequence of):			Interval between Onset & Death		
d.			Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			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 type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input 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 type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4:			Apt. No.		
46. Describe how injury occurred			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 - (On the basis of personal knowledge, do not occur at the time, date, and place and sign) [Signature]			48b. Medical Examiner/Coroner - (On the basis of personal knowledge, do not occur at the time, date, and place, and the body is not autopsied and evidence stored) X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Ayham Shneker, MD 1415 E Kincaid St, Mount Vernon, WA 98274			50. Hour of Death (24hrs) 1613		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (MM/DD/YYYY) Mar 13, 2008		
53. Title of Certifier Hospitalist	54. License Number MD 41832	55. ME/Coroner File Number NJA-114		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature [Signature]			58. Date Received (MM/DD/YYYY) MAR 13 2008		
59. Amendments					



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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 foregoing 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.

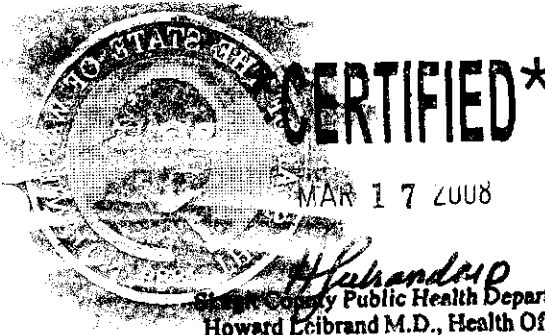
Marriage/Dissolution (Divorce) Certificates:

- 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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