



200806050080

Skagit County Auditor

6/5/2008 Page

1 of

3 1:30PM

**AFFIDAVIT  
(Lack of Probate)**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

Lonnie Lee Dalrymple and Ross L. Dalrymple, being first duly sworn, depose(s) and say(s):

- 1.. The undersigned affiant(s) is/are the heir(s) at law of Fred Sam Dalrymple, who died May 26, 1988, at United General Hospital, Sedro Woolley, Washington, then being a legal resident of Hamilton, in SKAGIT County, State of Washington.

Note: A true copy of the Death Certificate is attached hereto.

- 2.. The Decedent owned the real property in Washington State legally described as:

THE EAST 1/2 OF LOT 17 AND ALL OF LOTS 18 THROUGH 25 AND 30 THROUGH 38  
BLOCK 61 HAMILTON TOWNSITE COMPANY'S FOURTH ADDITION TO THE TOWN OF  
HAMILTON, VOLUME 3 OF PLATS PAGE 7, IN SKAGIT COUNTY, WASHINGTON.


Tax Parcel No.: 4115-061-038-0010 (P73809).

- 3.. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows::

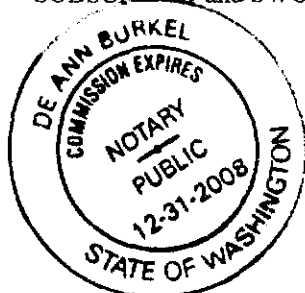
**HEIRS AT LAW**

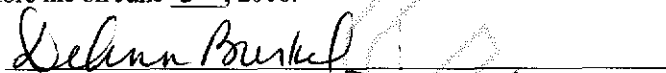
(Name)	(age)	(Relationship)	(Address)
Betty Marie Dalrymple	Deceased,	Wife	300 S 18 <sup>th</sup> St, Mount Vernon, WA 98273
Lonnie Lee Dalrymple	59	Son,	6503 68th St NE, Marysville, WA, 98284
Ross L. Dalrymple	56	Son	34232 Hamilton Cemetery Rd, Hamilton, WA 98255

Dated: June 5, 2008.

  
Lonnie Lee Dalrymple

SUBSCRIBED and SWORN to before me on June 5, 2008.

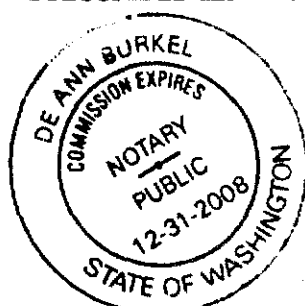


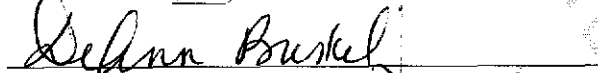
  
print notary name:> De Ann Burkel  
NOTARY PUBLIC in and for the State of Washington,  
residing at Burlington  
My appointment expires: 12-31-08

Dated: June 5, 2008.

  
Ross L. Dalrymple

SUBSCRIBED and SWORN to before me on June 5, 2008.



  
print notary name:> De Ann Burkel  
NOTARY PUBLIC in and for the State of Washington,  
residing at Burlington  
My appointment expires: 12-31-08

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES VITAL RECORDS

### CERTIFICATE OF DEATH

LOCAL FILE NUMBER

312

STATE FILE NUMBER

146-8 8 14932

1. NAME—FIRST, MIDDLE, LAST <b>FRED SAM DALRYMPLE</b>				2. SEX <b>M.</b>		3. DEATH DATE (Mo., Day, Yr.) <b>May 26, 1988</b>	
4. AGE—LAST BIRTH DAY (Yrs.) <b>71</b>		5. UNDER 1 YEAR MOS. DAYS HOURS MINS.		6. UNDER 1 DAY HOURS MINS.		7. BIRTHDATE (Mo., Day, Yr.)	
9. CITY, TOWN OR LOCATION OF DEATH <b>Sedro Woolley</b>				8. COUNTY OF DEATH <b>Skagit</b>			
10. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM./QUIT PTH. 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> MNL HOME 6. <input type="checkbox"/> OTHER PLACE <b>United General Hospital</b>				11. BIRTH STATE (If not in USA give country) <b>N.C.</b>			
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>		13. SPOUSE (If Wife give Maiden Surname) <b>Betty Brown</b>		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>yes</b>		15. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>logger</b>		18. KIND OF BUSINESS OR INDUSTRY <b>lumber</b>		19. RACE (White, Black, Am. Ind., etc. Specify) <b>white</b>		20. Was Decedent of Hispanic Origin? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No (specify)	
21. SMOKING IN LAST 15 YEARS (Yes/No) <b>yes</b>		22. RESIDENCE—NUMBER AND STREET <b>584 Elm Street</b>		23. CITY/TOWN, OR LOCATION <b>Hamilton</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>yes</b>	
25. COUNTY <b>Skagit</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98255</b>			
28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Sam Dalrymple</b>				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Obra [REDACTED]</b>			
30. INFORMANT—NAME <b>Betty Dalrymple</b>				31. MAILING ADDRESS <b>P O Box 493 Hamilton, Washington 98255</b>			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		33. DATE (Mo., Day, Yr.) <b>May 31, 1988</b>		34. CEMETERY/CREMATORY—NAME <b>Hamilton Cemetery</b>		35. LOCATION—CITY/TOWN, STATE <b>Hamilton, Washington</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>Lemley Chapel</b>		38. ADDRESS OF FACILITY <b>1008 Third Street Sedro Woolley, WA 98284</b>			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> <b>M.D.</b>				43. 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) STATED. SIGNATURE AND TITLE <i>[Signature]</i>			
40. DATE SIGNED (Mo., Day, Yr.) <b>May 27, 1988</b>		41. HOUR OF DEATH (24 Hrs.) <b>2119 hrs</b>		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) <b>RICHARD GROSS M.D.</b>				46. PRONOUNCED DEAD (Mo., Day, Yr.)			
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Dr. Richard E. Gubner, M.D. 111 South 12th Mount Vernon, WA 98273</b>				47. HOUR PRONOUNCED DEAD (24 Hrs.)			
49. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE.							
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(A) <b>MYOCARDIAL INFARCTION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		(B) DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		(C) DUE TO OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE						51. AUTOPSY? (Yes, No) <b>no</b>	
53. ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		54. INJURY DATE (Mo., Day, Yr.)		55. HOUR OF INJURY (24 Hrs.)		56. DESCRIBE HOW INJURY OCCURRED	
57. INJURY AT WORK? (Yes/No)		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)		59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			

60. REGISTRAR SIGNATURE

X

*[Signature: Sharon S. Beeson]*

61. DATE RECEIVED (Mo., Day, Yr.)

**June 3, 1988**

STATE REGISTRAR USE ONLY

62. ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

DSHS 9-150 (Rev. 1-88) -1187-



200806050080  
Skagit County Auditor

# 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
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
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

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- 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
- 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.
- 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 110-001)

## 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 attending physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.**



200806050080  
 Skagit County Auditor



HH00772035