



200806050081
Skagit County Auditor

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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 Betty Marie Dalrymple, who died May 7, 1999, at Skagit Valley Hospital, Mount Vernon, Washington, then being a legal resident of Mount Vernon, 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.

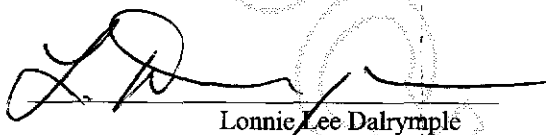
Tax Parcel No.: 4115-061-038-0010 (P73809).

- 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::

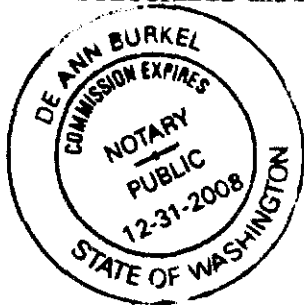
HEIRS AT LAW

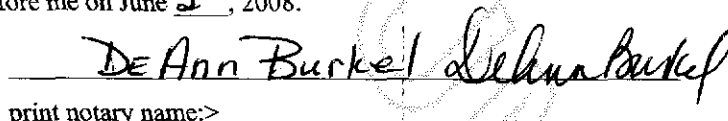
(Name)	(age)	(Relationship)	(Address)
Lonnie Lee Dalrymple	59	Son,	6503 68th St NE, Marysville, WA, 98284
Ross L. Dalrymple	56	Son	34232 Hamilton Cemetery Rd, Hamilton, WA 98255

Dated: June 5, 2008.


Lonnie Lee Dalrymple

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



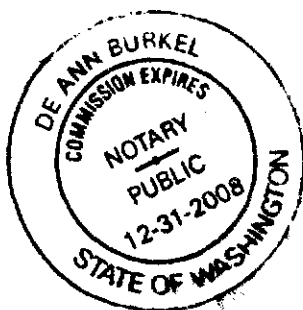

print notary name:>

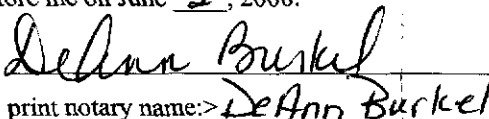
NOTARY PUBLIC in and for the State of Washington,
residing at Burlington
My appointment expires: 12-31-08

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



CERTIFICATE OF DEATH

1469 22169
STATE FILE NUMBER

314
LOCAL FILE NUMBER

1. NAME First: BETTY Middle: MARIE Last: DALRYMPLE				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) May 7, 1999	
4. AGE LAST BIRTHDAY (Yrs) 77		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		6. UNDER 1 DAY HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	
8. BIRTHPLACE (City, State or Foreign Country) Sedro-Woolley, WA				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. 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/OUT PTH 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Skagit Valley Hospital			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name) —		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 9 College (1-4 or 5+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Home maker		19. KIND OF BUSINESS OR INDUSTRY Own home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 300 So 18th Street		23. CITY/TOWN, OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 77 yrs		26. STATE WA		27. ZIP CODE 98273			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Walter G. Brown				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Lulah May (unknown)			
30. INFORMANT—NAME Lonnie Dalrymple		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 6503 - 68th St NE Marysville, WA 98270					
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) May 12, 1999		34. CEMETERY/CREMATORY—NAME Hamilton Cemetery		35. LOCATION—CITY/TOWN, STATE Hamilton, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>x Richard Lemley</i>		37. NAME OF FACILITY Lemley Chapel		38. ADDRESS OF FACILITY 1008 3rd St Sedro-Woolley, WA 98284			

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 WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x Richard D. Gross, MD</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x</i>			
40. DATE SIGNED (Mo., Day, Yr) May 10, 1999		41. HOUR OF DEATH (24 Hrs.) 1125 hrs		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)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Richard D. Gross, MD 830 Ball St. Sedro-Woolley, WA 98284				49. ME/CORONER FILE NUMBER			

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <i>Acute myocardial infarction</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Hours</i>	
		B. <i>Coronary atherosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>year</i>	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <i>Renal failure</i>							
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCC	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	

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x Sharon S. Beeson, Deputy **5-10-99**

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
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
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

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. 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
6. 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.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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.



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