



200811060078

Skagit County Auditor

11/6/2008 Page

1 of

5 12:58PM

Document Title:

Lack of Probate Affidavit

Reference Number :

Grantor(s):

☐ additional grantor names on page ____

1. Herbert E. Telidetzki

2.

Grantee(s):

☐ additional grantee names on page ____

1. Public

2.

Abbreviated legal description:

☐ full legal on page(s) ____

Lot 5 Maddox Creek PUD Phase 1

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P109310

Estate of Angela E. Telidetzki

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

HERBERT E. TELIDETZKI, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of ANGELA E. TELIDETZKI, 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 dealing with the following described real property:

Tax Account No. 4681-000-005-0000 (P109310)

Lot 5, Maddox Creek P.U.D Phase 1, according to the plat thereof, recorded in Volume 16 of Plats, pages 121 through 130, records of Skagit County, Washington. Situated in Skagit County, Washington.

SECOND, that said Decedent died on the 3rd day of June, 2006 in Skagit County, State of Washington. The Death Certificate is attached as Exhibit "A" and incorporated herein by this reference.

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: NONE.

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>
HERBERT E. TELIDETZKI 1926 Lindsay Loop Mount Vernon, WA 98274	Spouse	Legal



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ELISA Y. TELIDETZKI
1926 Lindsay Loop
Mount Vernon, WA 98274

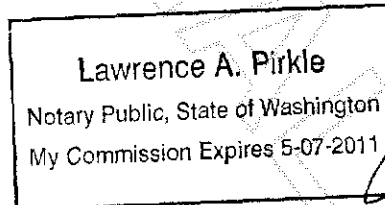
Daughter

Legal

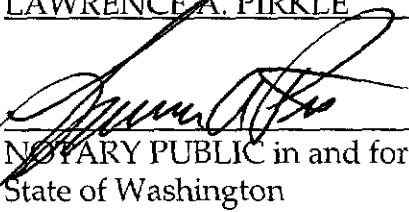
DATED this 5th day of November, 2008.


HERBERT E. TELIDETZKI

SUBSCRIBED AND SWORN TO before me this 5th day of November, 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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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 472-06		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) - First Middle LAST Suffix Angela Ellen TELIDETZKI					2. Death Date June 3, 2006		
3. Sex (M/F) F	4a. Age - Last Birthday 48	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 142-92-4797		6. County of Death Skagit	
7. Birthdate Mar 20, 1958		8a. Birthplace (City, Town, or County) Medicine Hat,		8b. (State or Foreign Country) Canada		9. Decedent's Education HS Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1926 Lindsay Loop						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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
14. Estimated length of time at residence. 1.5		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Herbert E Telidetzki			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Home			
19. Father's Name (First, Middle, Last, Suffix) Arthur Mueller				20. Mother's Name Before First Marriage (First, Middle, Last) Elvira -u-			
21. Informant's Name Herbert E Telidetzki		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. 1926 Lindsay Loop		City or Town State Zip 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) Hawthorne Memorial Park				30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398						32. Date of Disposition June 6, 2006	
33. Funeral Director Signature X <i>[Signature]</i>							
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. Bilateral Pneumonia				Interval between Onset & Death 5/21/06			
Due to (or as a consequence of):				Interval between Onset & Death 5/21/06			
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. Pyelonephritis				Interval between Onset & Death 5/21/06			
Due to (or as a consequence of):				Interval between Onset & Death 10 YEARS			
c. Histidocytois X / Erdheim Chester Disease				Interval between Onset & Death			
Due to (or as a consequence of):							
d.							
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
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: _____				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred							
48a. Certifying Physician - On the basis of my knowledge, death occurred at the time, date, and place stated on this certificate. I am a duly licensed physician. X <i>[Signature]</i>				48b. Medical Examiner/Coroner - On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Barbara Hahn M.D. 1400 E Kincaid, Mount Vernon, WA 98274				50. Hour of Death (24hrs) 1406		51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)	
52. Date Signed (MM/DD/YYYY) 6/5/06							
53. Title of Certifier M.D.		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>Cornie Andesson Deputy</i>				58. Date Received (MM/DD/YYYY) JUN - 6 2006			
59. Amendments							



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Skagit County Auditor

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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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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Skagit County Auditor



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

NN00934307