

Return Address:
Michelle Hendrickson
600 N. Reed St., #6
Sedro Woolley, WA 98284



200811170086
Skagit County Auditor

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Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

1. Small Estate Affidavit of Successor Surviving Spouse
2. Washington State Death Certificate John Christian Hendrickson (certified copy)

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document N/A

Grantor(s) (Last name, first name, initials)

1. **HENDRICKSON, John Christian**

Additional names on page _____ of document. N/A

Grantee(s) (Last name first, then first name and initials)

1. **HENDRICKSON, Michelle L.**

Additional names on page _____ of document. N/A

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

CORRECTION SURVEY FOR PARK LANE CONDOMINIUM PHASE 1 SECOND AMENDMENT, AF#200704120145, CONDO UNIT A, AKA UNIT 3321-A) (FORMERLY PARK LANE CONDOMINIUM PHASE 1 AF#200508230144, CONDO UNIT B, AKA UNIT 3321-B,) FORMERLY PORTION OF LOT C15 OF MADDOX CREEK PUD PHASE 3 (from assessor's records)

Additional legal is on page 3 of Small Estate Affidavit of Successor Surviving Spouse

Assessor's Property Tax Parcel/Account Number
P122520 or 4869-000-002-0000

Assessor Tax # not yet assigned

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

N/A _____ Signature of Requesting Party

ORIGINAL

In the Matter of the Estate of) SMALL ESTATE
) AFFIDAVIT OF SUCCESSOR
JOHN CHRISTIAN HENDRICKSON JR.) SURVIVING SPOUSE
)
 Deceased.) RCW 11.62.010 and
) RCW 11.04.015(1)(a)

I, **MICHELLE L. HENDRICKSON**, solemnly affirm that I am an adult and am competent to make this Affidavit which is made of my own free will. I further solemnly affirm that:

1. **Decedent's Death Certificate.** A copy of the Decedent's Death Certificate is attached to this Affidavit.
2. **Forty Days Since Death.** Forty (40) or more days have elapsed since Decedent's death on September 21, 2008.
3. **Washington Resident.** Decedent was a resident of Skagit County, State of Washington at the time of his death.
4. **No Personal Representative.** No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.
5. **Decedent's Net Probate Estate Does Not Exceed \$100,000.** The value of Decedent's entire estate subject to probate, not including any surviving spouse's community property interest in such assets, wherever located, less liens and encumbrances, does not exceed one-hundred thousand dollars (\$100,000).
6. **Decedent's Debts.** All of Decedent's debts, including funeral and burial expenses, have been paid or provided for.
7. **My Name & Address.**



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8. **Claiming Successor.** As the surviving spouse of **JOHN CHRISTIAN HENDRICKSON JR.**, I am the authorized successor of **JOHN CHRISTIAN HENDRICKSON JR.** as defined in RCW 11.62.005, which states in pertinent part:

"(2)(a) "Successor" and "successors" shall mean (subject to subsection (2)(b) of this section):

(i) That person or those persons who are entitled to the claimed property pursuant to the terms and provisions of the last will and testament of the decedent **or by virtue of the laws of intestate succession** contained in this title; ...

(2)(b) Any person claiming to be a successor solely by reason of being a creditor of the decedent or of the decedent's estate, except for the state as set forth in (a)(iii) and (iv) of this subsection, shall be excluded from the definition of "successor"."

9. **RCW 11.04.015(1)(a).** As the surviving spouse of **JOHN CHRISTIAN HENDRICKSON JR.**, I am entitled to all of Decedent's community property interests pursuant to the laws of intestate succession.

10. **Other Claiming Successors.** I am the only claiming successor. There are no other successors of **JOHN CHRISTIAN HENDRICKSON JR.**

11. **Entitlement to Property.** As the surviving spouse of **JOHN CHRISTIAN HENDRICKSON JR.**, I am entitled to full payment or delivery of the property claimed.

12. **Property Claimed.** A date of death description and value of the personal property claimed, all of which is subject to probate, and of which I claim 100%, is as follows: Money Market Account, account number (only use last 4 digits) 9367, Peoples Bank, with a last known market



value of approximately \$4,672.31; and the home located at 3321 Park Lane, Unit A, Mount Vernon, Washington 98274, Skagit County Tax Parcel No. P122520, with net equity of approximately \$65,000.00, and which is legally described as:

Unit 3321-A, "Park Lane Condominium Phase 1" as per Correction Survey Map and set of Plans recorded April 12, 2007 under Auditor's File No. 200704120145 (formerly known as Unit 3321-B, as per Survey Map and set of Plans recorded on August 23, 2005, under Auditor's File No. 200508230144) and as described in that certain Condominium Declaration recorded August 23, 2005 under Auditor's File No. 200508230145; and Amendments to said Declaration recorded September 15, 2005 and April 12, 2007 under Auditor's File Nos. 200509150004 and 200704120144, records of Skagit County, Washington.

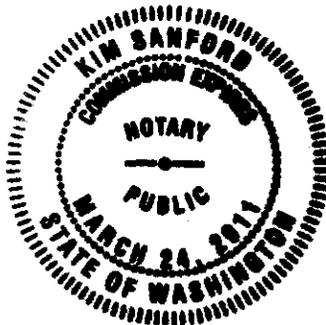
Total probate assets are valued at approximately \$69,672.31. The values stated are the Decedent's community property one-half interest.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct to the best of my knowledge.

DATED AND SIGNED this 5 day of November, 2008.

Michelle L. Hendrickson
MICHELLE L. HENDRICKSON

SUBSCRIBED AND SWORN TO before me this 5th day of November, 2008.



Kim Sanford
Kim Sanford (print name)
NOTARY PUBLIC for the State of Washington,
residing at Skagit Co. Mt Vernon
My appointment expires March 24, 2011



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 838-08		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) - First Middle LAST Suffix John Christian Hendrickson				2. Death Date 09/21/2008		
3. Sex (M/F) M	4a. Age - Last Birthday 52	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 534-62-2306	6. County of Death Skagit	
7. Birthdate 11/17/1955		8a. Birthplace (City, Town, or County) Seattle		8b. (State or Foreign Country) Washington		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) 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.) 3321 Park Lane					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. 2 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Michelle Forinash		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) C.P.A.				18. Kind of Business/Industry (Do not use Company Name) Accounting		
19. Father's Name (First, Middle, Last, Suffix) John Christian Hendrickson				20. Mother's Name Before First Marriage (First, Middle, Last) Fern Lampert		
21. Informant's Name Michelle Hendrickson		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 600 N Reed #6 Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Residence						
25. Facility Name (if not a facility, give number & street or location) 3321 Park Lane				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, WA	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 F. College Way Mount Vernon WA 98273-0398						32. Date of Disposition September 26, 2008
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. GUNSHOT WOUND TO HEAD				Interval between Onset & Death IMMEDIATE		
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. _____				Interval between Onset & Death		
Due to (or as a consequence of):				Interval between Onset & Death		
c. _____						
Due to (or as a consequence of):				Interval between Onset & Death		
d. _____						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 09/21/2008		42. Hour of Injury (24hrs) 2:34		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) HOME		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street: 3321 PARK LANE				Apt. No. A		
City or Town: MOUNT VERNON		County: SKAGIT		State: WA		Zip Code + 4: 98273
46. Describe how injury occurred SELF-INFLICTED WOUND WITH 357 HANDGUN				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 - To the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated. X				48b. Medical Examiner/Coroner - On the basis of death notification investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated. X Robert M. Clark		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert Clark Deputy Coroner 124 W. Gates Mount Vernon WA					50. Hour of Death (24hrs) 2:34	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (mm/dd/yyyy) 09/23/2008	
53. Title of Certifier DEPUTY CORONER		54. License Number		55. ME/Coroner File Number 185-08		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature x Corinne Anderson Deputy				58. Date Received (mm/dd/yyyy) SEP 25 2008		
59. Amendments						



200811170086
Skagit County Auditor

Affidavit for Correction

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) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

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: _____

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:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. ~~This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)~~

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 certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. 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)



200811170086
Skagit County Auditor

CERTIFIED

NOV -3 2008

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

QQ00157121