



200901120110

Skagit County Auditor

1/12/2009 Page

1 of

4 2:42PM

WHEN RECORDED RETURN TO:

MARGARITA M HART
1034 E. ORANGE AVE
Burlington, WA 98233

DOCUMENT TITLE(S):

Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTORS:

John M Hart - estate

GRANTEES:

ABBREVIATED LEGAL DESCRIPTION:

Lots 1-2 BL 79 Amended Burl

TAX PARCEL NUMBER(S):

10 71844

UNOFFICIAL

LACK OF PROBATE AFFIDAVIT

State of Washington
County of Skagit

Margarita Hart, being first duly sworn, desposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining the Estate of John M Hart 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:

1034 E. Orange Ave, Burlington, WA 98233
tax parcel # P 71844
SECOND, that the Decedent died on the 24 day of December, 2008, in the City of Burlington, County of Skagit, State of WA.

THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or 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: Will

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$ 500,000.00; including real property above described, which had an approximate market value of \$ 200,000.00.

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 decedent did ~~not~~ receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) and/or Medicaid including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

SEVENTH, that the following lists comprise all of the heirs at law whom said Decedent was survived. (Show age of each heir opposite name. If any heirs under 18, this Affidavit is not applicable.):

Cathy Smith, daughter
Margarita Hart, wife

John D. Hart, son

[Signature]
Signature of Affiant

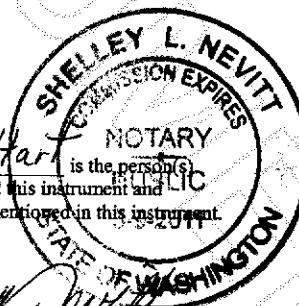
DATED this 07 day of January, 2009

State of Washington
County of Skagit } SS:

I certify that I know or have satisfactory evidence that Margarita N. Hart is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 1-7-2009

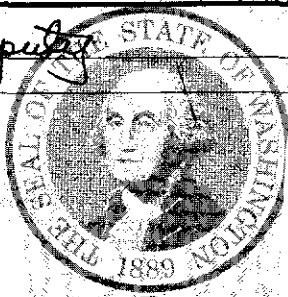
[Signature]
Notary Public in and for the State of Washington
Residing at: Mount Vernon
My appointment expires: 3-9-2011



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1154-08		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST John M Hart				2. Death Date 12/24/2008		
3. Sex (M/F) M	4a. Age - Last Birthday 74	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) Everett		8b. (State or Foreign Country) Washington		9. Decedent's Education Associate 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.) 1034 Orange Ave					13b. City or Town Burlington	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98233	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 4 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Margarita Rudometova		
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED)) Equipment Operator				18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Dudley Hart				20. Mother's Name Before First Marriage (First, Middle, Last) Anna Unknown		
21. Informant's Name Margarita Hart		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1034 Orange Ave Burlington WA 98233		
24. Place of Death, if Death Occurred in a Hospital: Nursing Home				25. Facility Name (if not a facility, give number & street or location) Burton Care Center		
26. City, Town, or Location of Death Burlington		26a. State WA		27. Zip Code 98233		
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 Alpha-Omega Burial and Cremation Service 2021 E. College Way Mount Vernon WA				32. Date of Disposition December 30, 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. metastatic prostate cancer			Interval between Onset & Death years	
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. coronary artery disease			Interval between Onset & Death years	
		c. cerebral vascular accident			Interval between Onset & Death recent	
		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 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 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)		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: _____				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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. T. W. Martin Jr				48b. Medical Examiner/Coroner - 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) and manner stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) T. W. Martin Jr, 2061 Hospital Drive Sedro Woolley, WA 98284				50. Hour of Death (24hrs) 0755		51. Name and Title of Attending Physician if other than Certifier (Type or Print)
53. Title of Certifier Dr.		54. License Number 14430		55. ME/Coroner File Number NTA#597		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) DEC 30 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: <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 forgoing 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)

CERTIFIED

JAN 07 2009



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Skagit County Auditor

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

QQ00315111