



200904290120
Skagit County Auditor

4/29/2009 Page 1 of 5 12:00PM

Document Title: Lack of Probate Affidavit

Reference Number :

Grantor(s): additional grantor names on page ___

1. Gary Dee Koski, SR

2.

Grantee(s): additional grantee names on page ___

1. Public

2.

Abbreviated legal description: full legal on page(s) ___

PTN NE 1/4 NW 1/4 Sec. 19 T11N 35 R12E S
including mobile home

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

P39551

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

GARY DEE KOSKI, SR., being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of DRENDIA LEE KOSKI, 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:

TPN 350519-0-101-0100 (P39551)

THAT PTN NE1/4 NW1/4 AKA TR B SHT PLT 70-77 AF#866231 INC M/H CENT 77 66X14 SER# 0050A PC40 TOGETHER WITH THAT PORTION OF TRACT A OF SKAGIT COUNTY SHORT PLAT #70-77 APPROVED OCTOBER 6 1977 AND RECORDED OCTOBER 6 1977 AS AUDITORS FILE #866231 IN VOLUME 2 OF SHORT PLATS PAGE 136 RECORDS OF SKAGIT COUNTY DESCRIBED AS FOLLOWS BEGINNING AT THE SOUTHWESTERLY CORNER OF TRACT B OF SAID SHORT PLAT THENCE SOUTH 7-08-25 EAST ALONG THE FENCELINE DELINEATING THE WEST LINE OF TRACT A, A DISTANCE OF 30 FEET THENCE NORTH 74-48-49 EAST PARALLEL WITH THE SOUTHERLY LINE OF SAID TRACT B A DISTANCE OF 67 FEET THENCE NORTH 7-08-25 WEST TO A POINT ON THE SOUTHERLY LINE OF SAID TRACT B THENCE SOUTH 74-48-49 WEST ALONG SAID SOUTHERLY LINE A DISTANCE OF 67 FEET TO THE POINT OF BEGINNING

Situate in the County of Skagit, State of Washington.

SECOND, that said Decedent died on the 5th day of April, 2008 in Skagit County, State of Washington. Death Certificate attached as Exhibit "A", 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.

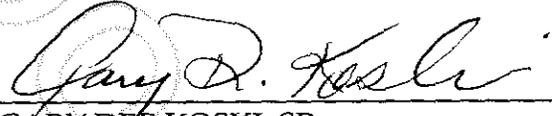


FIFTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

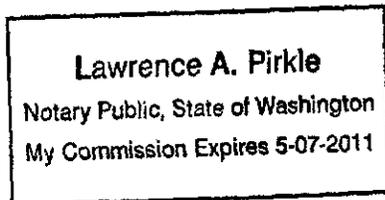
SIXTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

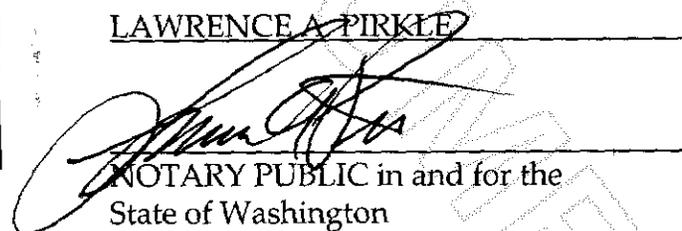
<u>Name</u>	<u>Relationship</u>	<u>Age</u>
GARY DEE KOSKI, SR. 24404 Polte Road Sedro Woolley, WA 98284	Spouse	Legal
LISA LEE KOSKI 3717 - 148th St., SW #D203 Lynnwood, WA 98087	Daughter	Legal
GARY DEE KOSKI 24404 Polte Road Sedro Woolley, WA 98284	Son	Legal

DATED this 28th day of April, 2009.


GARY DEE KOSKI, SR.

SUBSCRIBED AND SWORN TO before me this 28th day of April, 2009.



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 **293-08** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix DRENDIA LEE KOSKI				2. Death Date Apr 5, 2008	
3. Sex (M/F) Female	4a. Age - Last Birthday 61	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) Sedro-Woolley	8b. (State or Foreign Country) Washington	9. Decedent's Education High School 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.) 9266 Claybrook				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98284
14. Estimated length of time at residence: 15 yrs		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Gary Koski		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Administrative Assistant			18. Kind of Business/Industry (Do not use Company Name) Auto Dealership		
19. Father's Name (First, Middle, Last, Suffix) Earl Ashe			20. Mother's Name Before First Marriage (First, Middle, Last) Edna [REDACTED]		
21. Informant's Name Gary Koski		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 9266 Claybrook Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street of location) 9266 Claybrook				26a. City, Town, or Location of Death Sedro-Woolley	26b. State WA
27. Zip Code 98284		28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory	
30. Location-City/Town, and State Mount Vernon, WA				31. Date of Disposition April 8, 2008	
32. Date of Disposition April 8, 2008					
33. Funeral Director Signature <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. emphysema	Interval between Onset & Death max 15 yrs
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
	c. _____	Interval between Onset & Death
	d. _____	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide Undetermined Pending
 Accident Suicide

39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death
 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably No 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?
 Yes No 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:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - (By signing of this certificate, death is certified as the cause, date, time, and place of death.)
Kathleen Kollmar PA-C

48b. Medical Examiner/Coroner - (On the basis of reports and findings received from the coroner, medical examiner, or other authorized person, the cause, date, time, and place of death are certified.)
[REDACTED]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Kathleen Kollmar, PA-C 835 Fairhaven, Burlington, WA 98233

50. Hour of Death (24hrs)
0045 hours

51. Name and Title of Attending Physician if other than Certifier (Type or Print)
[REDACTED]

52. Date Signed (MM/DD/YYYY)
April 8, 2008

53. Title of Certifier
Physician's Asst.

54. License Number
PA 10002767

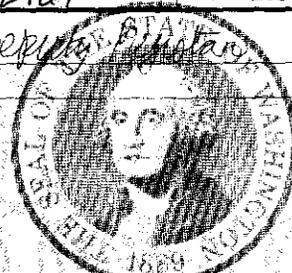
55. ME/Coroner File Number
NJA-161

56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature
Betty Jo Angoldua Deputy Registrar

58. Date Received (MM/DD/YYYY)
APR - 9 2008

59. Amendments



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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)
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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: 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:
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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.

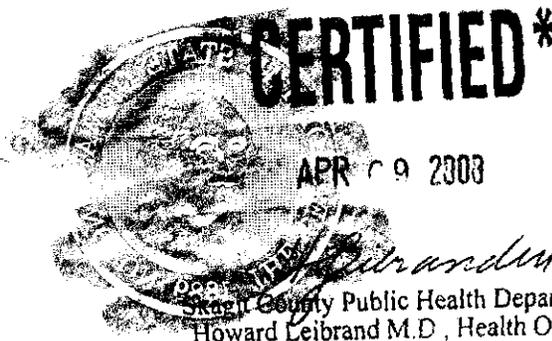
Marriage/Dissolution (Divorce) Certificates:

- 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

PP00517481