



200908140140

Skagit County Auditor

8/14/2009 Page 1 of 4 2:54PM

When recorded return to:

Michael A. Winslow  
Attorney at Law  
411 Main Street  
Mount Vernon, Washington 98273

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***LACK OF PROBATE AFFIDAVIT***

**Grantors:** Ina P. Greydanus  
**Grantee:** The Public  
**Instrument Name:** Lack of Probate Affidavit

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON )
) ss.:
COUNTY OF SKAGIT )

Ina P. Greydanus, being first duly sworn on oath, deposes and states as follows:

- 1. The Affiant is the wife of Phillip W. Greydanus who died on February 24, 1978, at Mount Vernon, Skagit County, Washington. A copy of the Death Certificate of Phillip W. Greydanus is attached as Exhibit "A"
2. Phillip W. Greydanus was married to Ina P. Greydanus at the time of his death. There are no other living children born to or adopted by Phillip W. Greydanus, and there are no issue of any predeceased child or adopted child.
3. The Affiant and the Affiant and decedent's children are identified as follows:

Table with 4 columns: Item, FULL LEGAL NAME, AGE, RELATIONSHIP TO DECEDENT. Rows include Ina P. Greydanus (Wife), Cynthia L. Greydanus (Daughter), Cheryl A. Wudtke (Daughter), Steven W. Greydanus (Son), Scot P. Greydanus (Son), Stuart B. Greydanus (Son), and Brian K. Greydanus (Son).





STATE OF WASHINGTON  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
 HEALTH SERVICES DIVISION BUREAU OF VITAL STATISTICS  
 OLYMPIA, WASHINGTON

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

TYPE, OR PRINT IN PERMANENT INK

1. DECEASED—NAME FIRST MIDDLE LAST <b>Phillip W. Greydanus</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 24, 1978</b>
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>	5a. AGE—LAST BIRTHDAY (YEARS) <b>46</b>	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.
6. CITY, TOWN, OR LOCATION OF DEATH <b>Mount Vernon</b>	7. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>	7a. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Skaqit Valley Hospital, Mount Vernon, Wash.</b>	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) <b>Washington</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Ina Jensen</b>
12. SOCIAL SECURITY NUMBER [REDACTED]	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Construction operator</b>	13b. KIND OF BUSINESS OR INDUSTRY <b>Wescot Construction Co.</b>	
14a. RESIDENCE—STATE <b>Wash</b>	14b. COUNTY <b>Skagit</b>	14c. CITY, TOWN, OR LOCATION <b>Mount Vernon</b>	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>no</b>
15. FATHER—NAME FIRST MIDDLE LAST <b>Herman Greydanus</b>		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Freda [REDACTED]</b>	
17a. INFORMANT—NAME <b>Mrs. Ina Greydanus</b>		17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>2074 Dry slough Road Mt. Vernon, Wa 98</b>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE TIME BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE <b>(a) Arteriosclerotic cardiovascular disease</b>			<b>yes</b>
19. ADDITIONAL CAUSE(S) WHICH GAVE RISE TO IMMEDIATE CAUSE(S) <b>(b) Blunt trauma to thorax &amp; abdomen</b>			
20. LYING CAUSE LAST <b>(c) CORONER</b>			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)			AUTOPSY (YES OR NO) <b>no</b>
21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>Blunt trauma to thorax &amp; abdomen</b>			IF YES WERE FINDING ORDERED IN DETERMINING OF DEATH <b>yes</b>
22a. DATE OF INJURY (MONTH, DAY, YEAR)	22b. HOUR	22c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1)	
23a. INJURY AT WORK (SPECIFY YES OR NO)	23b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	23c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
24a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>Autopsy only</b>	24b. MONTH DAY YEAR	24c. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	24d. I DID/DID NOT VIEW THE BODY AFTER DEATH. <b>Did</b>
25a. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	25b. HOUR OF DEATH <b>10:29 A.M.</b>	25c. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR <b>FEB. 24 1978</b>	25d. HOUR <b>10:29</b>
26a. CERTIFIER—NAME (TYPE OR PRINT) <b>Laurence R. Peterson</b>	26b. SIGNATURE <i>Laurence R. Peterson</i>	26c. DEGREE OR TITLE <b>MD</b>	26d. DATE SIGNED (MONTH, DAY, YEAR) <b>2-24-78</b>
27a. MAILING ADDRESS—CERTIFIER <b>310 E. Division St.</b>	27b. STREET OR R.F.D. NO. <b>Wt Vernon</b>	27c. CITY OR TOWN <b>Wash</b>	27d. STATE <b>98273</b>
28a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	28b. CEMETERY OR CREMATORY—NAME <b>Hawthorne Lawn Cemetery</b>	28c. LOCATION <b>Mount Vernon, Washingt</b>	28d. CITY OR TOWN STATE
29a. DATE (MONTH, DAY, YEAR) <b>Feb 28, 1978</b>	29b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP.) <b>Kern Funeral Home 1122 S. 3rd St Mount Vernon, Wa 9</b>		
30a. FUNERAL DIRECTOR—SIGNATURE <i>[Signature]</i>	30b. REGISTRAR—SIGNATURE <i>[Signature]</i>	30c. DATE RECEIVED BY LOCAL REGISTRAR <b>3-2-78</b>	

DSHS 9-181 (6-73) (HEA 67) (Formerly S.F. 8191)

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY (PHOTOGRAPHIC) OF THE RECORD ON FILE WITH THE WASHINGTON STATE BUREAU OF VITAL STATISTICS, OLYMPIA, WASHINGTON.



200908140140  
 Skagit County Auditor

*Fred W. Goodrich*

FRED W. GOODRICH  
 State Registrar of Vital Statistics

By: