

RETURN ADDRESS

DOROTHY STORDOCK

14704 CHANNEL DRIVE



200909160026

Skagit County Auditor

9/16/2009 Page

1 of

5 11:12AM

**Please Type or Print Neatly & Clearly All Information**

**Document Title(s)**

AFFIDAVIT (LACK OF PROBATE)

**Reference Number(s) of Related Documents**

**Grantor(s)** (Last Name, First & Middle Initial)

STORDOCK, DELBERT WAYNE

**Grantee(s)** (Last Name, First & Middle Initial)

STORDOCK, DOROTHY ANN

Public

**Legal Description** (Abbreviated form is acceptable) i.e. Section/Township/Range/1/4 Section

L2, PLAT OF SKAGIT BEACH DIV #6

SKAGIT WA

**Assessor's Tax Parcel ID Number:**

4488-000-002-0001

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the Accuracy or completeness of the indexing information provided herein.

**Sign below only if your document is Non-Standard.**

I am requesting an emergency non-standard 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 parts of the text of the original document. Fee for non-standard processing is \$50.

Signature of Requesting Party

**AFFIDAVIT (LACK OF PROBATE)**  
**(Surviving Spouse)**

STATE OF WASHINGTON }  
COUNTY OF SKAGIT } ss.

Dorothy ANN Stordock  
(Full name),

Being first duly sworn, deposes and says:

THAT affiant is the lawful surviving spouse of

Delbert WAYNE Stordock, (full name) who died  
Sept 28th, 2004, at LA CONNER Wa,  
(Date) (City) (State)

Then being a resident of LA CONNER, Skagit, Wa.  
(City) (County) (State)

THAT affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his (her) children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

THAT the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Dorothy A Stordock, 71, Wife  
(Full name) (Age) (Relationship to decedent)

(Full address)

(Full name) (Age) (Relationship to decedent)

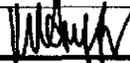
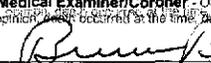
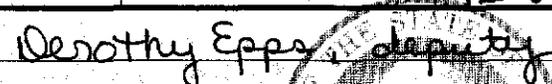
(Full address)

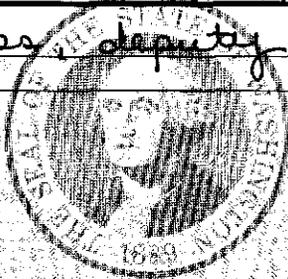


200909160026  
Skagit County Auditor



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>716-04</b>		<b>Washington State Certificate of Death</b>			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Delbert Wayne STORDOCK</b>				2. Death Date <b>Sept 28, 2004</b>		
3. Sex (MF) <b>M</b>	4a. Age - Last Birthday Months <b>71</b>	4b. Under 1 Year Days	4c. Under 1 Day Hours	5. Social Security Number <b>516-32-1887</b>	6. County of Death <b>Skagit</b>	
7. Birthdate <b>Aug 12, 1933</b>		8a. Birthplace (City, Town, or County) <b>Missoula</b>		8b. (State or Foreign Country) <b>Montana</b>		
9. Decedent's Education <b>High School Diploma</b>				10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. <b>No</b>		
11. Decedent's Race(s) <b>White</b>				12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>14704 Channel Dr</b>					13b. City or Town <b>La Conner</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (# applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98257-</b>
13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence: <b>8y</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Dottie Campbell</b>
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Financial Advisor</b>				18. Kind of Business/Industry (Do not use Company Name) <b>American Express</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Harlow Stordock</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Helen Willard</b>		
21. Informant's Name <b>Dottie Stordock</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>14704 Channel Dr La Conner WA 98257-</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>						
25. Facility Name (if not a facility, give number & street or location) <b>14704 Channel Dr</b>				26a. City, Town, or Location of Death <b>La Conner</b>		26b. State <b>WA</b>
27. Zip Code <b>98257-</b>		28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>		30. Location-City/Town, and State <b>Mount Vernon, Washington</b>
31. Name and Complete Address of Funeral Facility <b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398</b>					32. Date of Disposition <b>09-30-2004</b>	
33. Funeral Director Signature X 						
<b>Cause of Death (See Instructions and examples)</b>						
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) → <b>a. Craniocephal trauma</b>				Interval between Onset & Death <b>sec.</b>		
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>b. Gunshot wound to the head</b>				Interval between Onset & Death <b>Sec</b>		
Due to (or as a consequence of):				Interval between Onset & Death		
c.				Interval between Onset & Death		
Due to (or as a consequence of):				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 <b>Depression</b>				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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <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) <b>09/28/2004</b>		42. Hour of Injury (24hrs) <b>0900</b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Home</b>		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street: <b>14704 Channel Dr.</b> Apt. No.						
City or Town: <b>La Conner</b> County: <b>Skagit</b> State: <b>WA</b> Zip Code + 4: <b>98257</b>			46. Describe how Injury occurred <b>Self inflicted handgun wound</b>			
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. <b>X</b>		
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. <b>X</b> 				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Bruce Bacon Skagit County Courthouse, Mount Vernon, WA 98273</b>		
50. Hour of Death (24hrs) <b>0900</b>				51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (MM/DD/YYYY) <b>09/29/2004</b>				53. Title of Certifier <b>CORONER</b>		
54. License Number		55. ME/Coroner File Number <b>120-04</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <b>X</b> 				58. Date Received (MM/DD/YYYY) <b>SEP 30 2004</b>		
59. Amendments						



**200909160026  
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:  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 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)



200909160026  
Skagit County Auditor



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

LL00420397