

WHEN RECORDED, RETURN TO:
EQUITY LOAN SERVICES, INC.
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
NATIONAL RECORDING - Rerecords
Accommodation Recording Per Client Request



201001220081
Skagit County Auditor

1/22/2010 Page 1 of 5 12:31PM

AFFIDAVIT
Lack of Probate

State of Washington

County of Whatcom

Sydney M. Wine, being first duly sworn, deposes and says:

1. The undersigned affiant is the husband of Catherine
(relationship to decedent) (decedent)
Anne Wine, who died 9/4/99, at Anacortes,
(date of death) (year) (city)
State of Washington, then being a legal resident of Anacortes,
Skagit, Washington
(county) (state)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☒ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in _____ County, State of _____, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sister, and any surviving parents are as follows:

P 57303 Lots 18-20 BL 4 J.H. Have Kots Add

HEIRS AT LAW (continued)

<u>SYDNEY WINE</u>	<u>72</u>	<u>HUSBAND</u>	<u>ANACORTES, WA</u>
(full name)	(age)	(relationship)	(residence)
_____	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
_____	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
_____	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
_____	(age)	(relationship)	(residence)

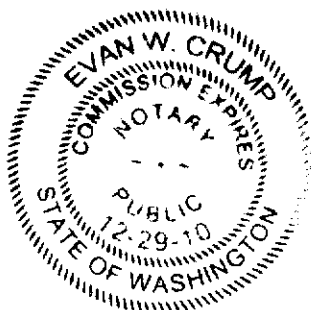
(attach additional page for additional names)

- All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes been fully paid, except as follows:
- The decedent [] had [☒] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
- As of the date of death, the value of all community property of the decedent was approximately \$ 150,000. The value of all separate property of the decedent was approximately \$ 600.00.
- Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

STATE OF WASHINGTON, COUNTY OF Winnem

On this day personally appeared and sworn before me Sydney Wine.
To me known to the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the used and purposes therein mentioned.

Given under my hand and seal this 5 day of September, 2008.



Evan Crump
Notary Public in and for the State of Washington
Residing at Bellevue
My appointment expires on 12-29-10



201001220081

Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

624

LOCAL FILE NUMBER

146

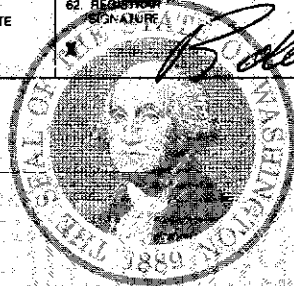
9 32435

STATE FILE NUMBER

1. NAME First: Catherine Middle: Anne Last: Wire			2. SEX (M / F) F	3. DEATH DATE (Mo. Day, Yr.) Sep 4, 1999
4. AGE LAST BIRTHDAY (Yrs) 50	5. UNDER 1 YEAR MOS DAYS 05 00	6. UNDER 1 DAY HOURS MINS 00 00	7. BIRTHDATE (Mo. Day, Yr.) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) Champaign, IL
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No			10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RMOUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 3219 K Avenue	
13. SMOKING IN LAST 15 YEARS? (Yes / No) No				
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Sydney M. Wire		16. SOCIAL SECURITY NO. [REDACTED]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+) 4				
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Computer Scientist		19. KIND OF BUSINESS OR INDUSTRY Aerospace		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No
21. RACE (Specify) White				
22. RESIDENCE—NUMBER AND STREET 3219 K Avenue		23. CITY/TOWN, OR LOCATION Anacortes	24. INSIDE CITY LIMITS? (Yes / No) Yes	25. COUNTY Skagit
26. LENGTH OF RES. IN CO. 12 yrs		27. STATE WA	28. ZIP CODE 98221	
29. FATHER'S NAME—FIRST, MIDDLE, LAST Clarence L. Coates			30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Henrietta (nmn) [REDACTED]	
31. INFORMANT—NAME Sydney M. Wire			32. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 3219 K Avenue, , Anacortes, WA 98221	
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		34. DATE (Mo. Day, Yr.) Sep 7, 1999	35. CEMETERY/CREMATORY—NAME Northwest Crematory	
36. FUNERAL DIRECTOR'S SIGNATURE X R. L. Evans		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221-
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Harold R. Clure, MD			40. DATE SIGNED (Mo., Day, Yr.) 9-7-99	
41. HOUR OF DEATH (24 Hrs.) 0300			42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) C. Les Conway, MD	
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [REDACTED]			44. DATE SIGNED (Mo., Day, Yr.) [REDACTED]	
45. HOUR OF DEATH (24 Hrs.) [REDACTED]			46. PRONOUNCED DEAD (Mo., Day, Yr.) [REDACTED]	
47. HOUR PRONOUNCED DEAD (24 Hrs.) [REDACTED]			48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Harold R. Clure, MD 1213 24th Street, Anacortes 98221	
49. MEDICORONER FILE NUMBER 116-99				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH		
A. Hypoglycemic Seizure		INTERVAL BETWEEN ONSET AND DEATH years		
B. Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH		
C. [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH		
D. [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Renal insuff. Hypothyroid				
52. ALTOPT? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes			
54. ACC. SUICIDE, HDM, UNDET. OR PENDING INVEST. (Specify) [REDACTED]	55. INJURY DATE (Mo. Day, Yr.) [REDACTED]	56. HOUR OF INJURY (24 Hrs.) [REDACTED]	57. DESCRIBE HOW INJURY OCCURRED: [REDACTED]	
58. INJURY AT WORK? (Yes / No) [REDACTED]	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) [REDACTED]		60. LOCATION—STREET OR RFD NO. CITY/TOWN, STATE [REDACTED]	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE [REDACTED]		63. DATE RECEIVED (Mo., Day, Yr.) 9/7/99

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



201001220081
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: <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 official (minister or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



201001220081
Skagit County Auditor



SS00072493

CUSTOMER NAME: WIRE
CUSTOMER ADDRESS: 3219 K AVE, ANACORTES, WA 98221
CLAO ID: 0115154866

Legal Description

The land referred to in this policy is situated in the **STATE OF WASHINGTON, COUNTY OF SKAGIT, CITY OF ANACORTES**, and described as follows:

LOTS 18, 19 AND 20, BLOCK 4, "PLAT OF J. H. HAVEKOST'S ADDITION TO ANACORTES, SKAGIT CO., WASHINGTON", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 23, RECORDS OF SKAGIT COUNTY, WASHINGTON.

FOR INFORMATION ONLY:

LOTS 18, 19 AND 20, BLOCK 4 IN VOLUME 1 OF PLATS, PAGE 23.

APN #: P57303,3793-004-020-0003

 WIRE
41593624

WA

FIRST AMERICAN ELS
AFFIDAVIT



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