



201010050027

Skagit County Auditor

10/5/2010 Page

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4 11:05AM

RETURN TO:

After recording return to:

Larry C. Sykora
41968 Pine Street
Concrete, WA 98237

DOCUMENT TITLE(S) (or transactions contained herein):

AFFIDAVIT IN LIEU OF PROBATE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

1. Sykora, Lynda I.

GRANTEE(S) (Last name, first name and initials):

1. Hess, Hellen
2.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

Lot 23, Block O, Cape Horn on the Skagit, Division No. 2

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

Parcel No. P63464
Tax No. 3869-015-023-0005

AFFIDAVIT IN LIEU OF PROBATE

State of Washington)
) ss.
County of Skagit)

Hellen Hess, being first duly sworn on oath, deposes and says:

1. Lynda I. Sykora died on July 15, 2010, without a valid Last Will and Testament. She died intestate.

2. Lynda I. Sykora is my daughter. At the time of her death she was not married. She did not have any children born to her, and did not adopt any children.

3. Under the laws of intestate succession, I succeed to all property of Lynda I. Sykoru, subject only to debts, obligations and creditor's claims, if any.

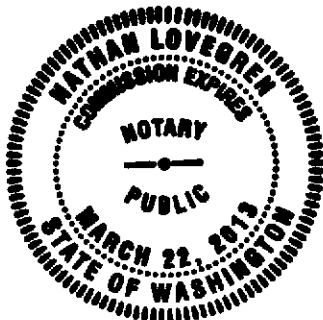
4. At the time of her death, Lynda I. Sykoru had a partial interest in real property described as follows:

Lot 23, Block O, Cape Horn on the Skagit, Division No. 2, according to the plat thereof recorded in Volume 9 of Plats, pages 14 through 19, records of Skagit County, Washington; Situate in the County of Skagit, State of Washington.

5. I make this declaration to induce a title company to issue policies of title insurance on the above-described real property.

Hellen Hess
Hellen Hess

Given under my hand and official seal this 7 day of September, 2010.



Nathan Lovegren
Notary Public in and for the State of
Washington, residing at Everson
My Commission Expires: 3/22/13
Print Name Nathan Lovegren



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 588-10		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Lynda Irene Sykora				2. Death Date July 15, 2010	
3. Sex (M/F) Female	4a. Age - Last Birthday 63 Years	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) Bremerton	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) White		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.) 41968 Pine St.				13b. City or Town Concrete	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98237
14. Estimated length of time at residence. 13 Years		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Home-maker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Edwin Hess Sr.			20. Mother's Name Before First Marriage (First, Middle, Last) Hellen [REDACTED]		
21. Informant's Name Larry Sykora		22. Relationship to Decedent Ex-Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 41968 Pine St. Concrete Washington 98237	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) United General Hospital 2000 Hospital Drive			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) First Cremation Services LLC			30. Location-City/Town, and State Kent, Washington		
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services Inc 26978 SR 536 Mount Vernon Washington 98273					32. Date of Disposition July 22, 2010
33. Funeral Director Signature X  Timothy Donovan					
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. Pneumonia		Interval between Onset & Death 2 wks	
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 COPD, CAD, Type 2 DM, Obesity, HTN				36. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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: Apt No. 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. [Signature]			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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) DR. Quek, Swee-Hwa MD 830 South Ball St. Sedro-Woolley, WA 98284			50. Hour of Death (24hrs) 2015 hrs		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) July 19, 2010		
53. Title of Certifier Physician		54. License Number		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature [Signature]			
58. Date Received (MM/DD/YYYY) JUL 20 2010		59. Amendments			



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Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

Official Agency Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State of Washington Initials Date Affidavit Number

Do not check this box for requesting any changes on the record.

1. Date of Birth: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth or Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The True fact is: 7. 8. 9. 10. 11. 12. 13.

4. I am aware of the person: Self Parent Guardian Informant Telephone Number: Funeral Director Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

16. Signature 17. Address

All vital records are registered, recorded. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate will be destroyed within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be substantiated by documentary proof submitted with the affidavit

Documentary proof includes: Birth Certificate, Medical Record, School Record, Naturalization, Military Record (DD 214), Voter's Registration Card (if it bears an effective date), Census Records, Birth Record, Alien Registration Card (front and back), Marriage License Records, Passport

Birth Certificate

1. Any person, legal guardian if the child is under 18, or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must mirror 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 as Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Child must be five (5) years old or have been established within five years of birth.
4. If a name change, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - The name change is a 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.
 - A name change must be supported by a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and no supporting proof.
5. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. This affidavit form cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificate

1. Only a physician, funeral director, executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The date and time of death may be changed only by the certifying physician or the coroner/medical examiner.
3. If to be changed more than 10 days after date of death please contact the county health department where the death occurred to make changes.

Marriage and Dissolution Certificate

1. (Spouse's name) on the certificate (place, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 020 Rev. 08/00



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CERTIFIED*

JUL 21 2010

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

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