

Return to:  
Gordon Jensen



201011220161  
Skagit County Auditor

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LAND TITLE OF SKAGIT COUNTY

lot 66 Skyline No. 18  
P60302

**LACK OF PROBATE AFFIDAVIT**

State of Washington

County of Skagit

Gordon A. Jensen  
being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining the Estate of Warren P. Jensen 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:

See attached legal description

SECOND, that said Decedent died on the 31st day of July, 2009 in Anacortes, County of Skagit, State of Washington.

THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or 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:

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$340,000.00, including real property above described, which had an approximate market value of \$340,000.00.

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 lists comprise all of the heirs at law whom said Decedent was survived. (Show age of each heir apposite name. If any heirs under 19, this Affidavit is not applicable).

Gordon A. Jensen - Son

DATED this 28th day of September 2010,

Gordon A. Jensen

State of Washington

County of Skagit

I hereby certify that I know or have satisfactory evidence that Gordon A. Jensen signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date: 29 Sept 2010

Jennifer J. Lind  
Notary Public in and for the State of Washington  
Residing in Bow  
My Commission Expires: 10/01/2010



Full Legal Description

PARCEL A:

Lot 66, "SKYLINE NO. 18, according to the Plat recorded in Volume 9 of Plats, pages 64 to 67A, inclusive.

Situate in Skagit County, Washington.

PARCEL B:

An undivided .8211 percentage interest in land lying within that plat of Skyline No. 18 as recorded in Volume 9 of plats, pages 110 and 111, records of said county, except that portion lying within lots 1-151, inclusive of said lot.

Situate in Skagit County, Washington.

PARCEL C:

Tract 6, Skyline Division No. 4, as recorded in Volume 9 of Plats, pages 61 and 62, records of Skagit County, Washington.

Situate in Skagit County, Washington.

PARCEL D:

Lot 1, SKYLINE NO. 1, according to the plat thereof recorded in Volume 8 of Plats, pages 49 and 50, records of Skagit County, Washington.

Situate in Skagit County, Washington.



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 654-10 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any): First, Middle, LAST			2. Death Date		
Warren Paul Jensen			Jul 31, 2010		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
M	88	Months	Days	[REDACTED]	Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education	
[REDACTED]	Yakima	Washington		Some college credit, no degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes
No			Caucasian		Yes
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town	
5804 Sugarloaf Street				Anacortes	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4
Skagit				Washington	98221
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
6 years		Widowed			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))			18. Kind of Business/Industry (Do not use Company Name)		
President			Boat Manufacturing		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Oscar Jack Jensen			Geneva Adella [REDACTED]		
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip	
Gordon Jensen		Son		4709 Glasgow Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital:			Place of Death, if Death Occurred Somewhere Other than a Hospital:		
Inpatient					
25. Facility Name (If not a facility, give number & street or location)			26a. City, Town, or Location of Death		26b. State
Island Hospital			Anacortes		WA
27. Zip Code		28. Method of Disposition			
98221		29. Place of Final Disposition (Name of cemetery, crematory, other place)			
		Anacortes, Washington			
31. Name and Complete Address of Funeral Facility					32. Date of Disposition
Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221					August 7, 2010
33. Funeral Director Signature X <i>W. Melin Lane</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. Acute mesenteric ischemia	Interval between Onset & Death Days
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. Atherosclerotic disease	Interval between Onset & Death Years
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: Acute renal failure

36. Autopsy?  Yes  No

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

38. Manner of Death:  Natural  Homicide  Accident  Undetermined  Suicide  Pending

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: Apt No. 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: 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. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Nancy H. Llewellyn, M.D. 912-32nd Street Anacortes, WA 98221

50. Hour of Death (24hrs): 1120

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

52. Date Signed (MM/DD/YYYY): Aug 6, 2010

53. Title of Certifier: Dr.

54. License Number: MD00027709

55. ME/Coroner File Number:

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

57. Registrar Signature: *Carrie Anderson, Deputy*

58. Date Received (MM/DD/YYYY): AUG -7 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

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State Office Number	County Office Number	Initials	Date	Affidavit Number
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Check the box(es) below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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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) or Person 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. <input type="checkbox"/> Name	7. <input type="checkbox"/> Date	<b>The True fact is:</b>
8. <input type="checkbox"/> Birth	9. <input type="checkbox"/> Death	
10. <input type="checkbox"/> Marriage	11. <input type="checkbox"/> Dissolution	
12. <input type="checkbox"/> Other	13. <input type="checkbox"/> Other	

14. I swear under penalty of perjury that I am: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant	Telephone Number:
<input type="checkbox"/> Public Health Director <input type="checkbox"/> Other (Specify)	

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

15. City of Birth	16. Date of Birth	17. Address:
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All vital records are prepared as copies. A citation 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 certified with 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, Birth Certificate, Marriage/Divorce Records, Passport, Alien Registration Card (front and back)

### Birth Certificate

1. Any parent or legal guardian of the child (if under 18), or the adult themselves (if 18 or older), may change the birth certificate.
2. The child's name may only be changed to the 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 or M.A. Doe does not prove the name is Mary Ann Doe.
3. Spelling of the child's name may only be changed if it has been established within five years of birth.
4. A parent or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a court-ordered name change.
  - This is a court-ordered name change.
5. A child's first name, middle name, or middle name may be changed by completing and signing an affidavit for correction (until their child's 18th birthday).
6. A father may be added to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

### Death Certificate

1. Only a physician, medical examiner, coroner, or administrator (if evidence confirming such position is presented) may change the non-medical information.
2. The cause of death may only be changed on a death certificate by the certifying physician or the coroner/medical examiner.
3. 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 Certificate

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

### Date of Birth

# \*CERTIFIED\*

AUG 11 2010



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

TT00276670