



201011300103

Skagit County Auditor

11/30/2010 Page 1 of 5 1:49PM

STATE OF WASHINGTON

Estate of

EDDIE C. O'BRIEN

SMALL ESTATE AFFIDAVIT
(RCW 11.62.010)

Deceased.

P62947

Lot 23 BLC Cape Horn

Having been sworn under oath, I declare as follows:

Rodger F. McVillie

1. **Decedent's Death Certificate.** A copy of Decedent's Death Certificate is attached to this Affidavit.
2. **Forty-Days Since Death.** Forty (40) or more days have elapsed since Decedent's death.
3. **Washington Resident.** Decedent was a resident of Washington at his/her death.
4. **No Personal Representative.** No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.
5. **Decedent's Net Probate Estate Does Not Exceed \$100,000.** The value of Decedent's entire estate subject to probate, not including any surviving spouse's community property interest in such assets, wherever located, less liens and encumbrances, does not exceed one-hundred thousand dollars (\$100,000).
6. **Decedent's Debts.** All of Decedent's debts, including funeral and burial expenses, have been paid or provided for.
7. **My Name & Address.** My name and address are as shown below.

8. **Claiming Successor.** I am a "successor" of Decedent as defined in RCW 11.62.005.

9. **Other Claiming Successors.**



No Others. I am the only claiming Successor; there are no others.

--- OR ---



Other Claiming Successors. There are other claiming Successors. I have given each of them written notice, by personal service or mail, identifying my claim and describing the property claimed. At least ten (10) days have elapsed since the service or mailing of such notice.

10. **Entitlement to Property.**



Sole Entitlement. I am personally entitled to full payment or delivery of the property claimed.

--- OR ---



Entitlement on Behalf of All Claiming Successors. I am personally entitled to full payment or delivery of the property claimed on behalf, and with the written authority, of all other claiming Successors; a copy of which authority is attached to this Affidavit.

11. **Property Claimed.** A description of the personal property claimed, all of which is subject to probate, is as follows:

14 X 70 TRAILER, 1975 Ford 2 Ton truck, 1975 Chevy Pickup, twin axle Flatbed trailer, 1978 travel trailer and Lot @ Copethorn in Concrete, WA.

Dated:

11-30-10

Signature:

Rodger F. Melville
Decedent's Claiming Successor

Printed Name:

RODGER F. MELVILLE

Address:

45210 MAIN ST
CONCRETE, WA 98237

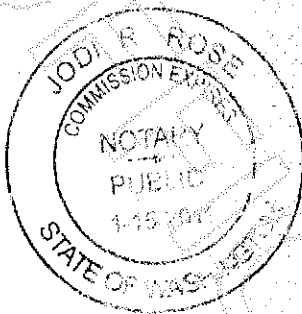


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Skagit County Auditor

STATE OF WASHINGTON)
) ss.
COUNTY OF Skagit)

SUBSCRIBED AND SWORN TO before me this 30th day of Nov., 2010.



Jodi Rose
Signature
Jodi Rose
Printed Name

NOTARY PUBLIC for Washington

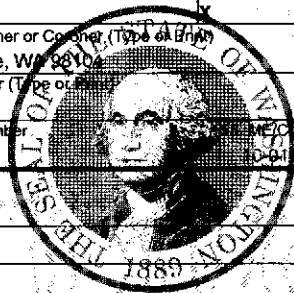
Residing at: mt. Vernon, WA

My appointment expires on: 1-15-2011

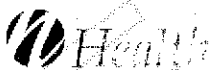


STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 10144		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Eddie Charles O'BRIEN						2. Death Date 10/18/2010	
3. Sex (M/F) Male	4a. Age - Last Birthday 71	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 529-46-9612	6. County of Death King		
7. Birthdate 12/31/1938		8a. Birthplace (City, Town, or County) Rockville		8b. (State or Foreign Country) Utah		9. Decedent's Education Associate's Degree	
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? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 1400 N 130th St #34						13b. City or Town Mt Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) -----		13e. State or Foreign Country Washington		13f. Zip Code + 4 98273	
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence: 15 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)) Aviation Structural Mechanic				18. Kind of Business/Industry (Do not use Company Name) US Navy			
19. Father's Name (First, Middle, Last, Suffix) Charles Leonard O'Brien				20. Mother's Name Before First Marriage (First, Middle, Last) Augusta Elizabeth Jennings			
21. Informant's Name Rodger Melville		22. Relationship to Decedent Friend		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 45210 Main St Concrete WA 98237			
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient				25. Facility Name (If not a facility, give number & street or location) Harborview Medical Center			
26a. City, Town, or Location of Death Seattle		26b. State WA		27. Zip Code 98104			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Services		30. Location-City/Town, and State Kent WA			
31. Name and Complete Address of Funeral Facility Smart Cremation 11241 Willows Rd NE #310 Redmond WA 98052						32. Date of Disposition 10/20/2010	
33. Funeral Director Signature <i>Susan Thomas</i>							
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 and sepsis Acute Respiratory Distress Syndrome, multiple rib fractures, cervical spine fracture, thoracic spine fracture Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the b. blunt force injury of the neck and torso Due to (or as a consequence of): UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Due to (or as a consequence of): d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes mellitus, Hypertensive and atherosclerotic cardiovascular disease						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 checked="" 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"/> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 10/12/2010		42. Hour of Injury (24hrs) 09:00		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Roadway		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: WB 1-90 ramp, Westlake Sammamish Parkway SE						Apt No:	
City or Town: Bellevue		County: King		State: WA		Zip Code + 4: 98007	
46. Describe how injury occurred Driver / motor vehicle / car / collision with motor vehicle / car						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. X						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. <i>Kenneth E. Gallagher</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Kenneth E. Gallagher, MD 325 9th Avenue, Seattle, WA 98104						50. Hour of Death (24hrs) 09:26	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)						52. Date Signed (mm/dd/yyyy) 10/13/2010	
53. Title of Certifier Associate Medical Examiner		54. License Number		55. ME/Coroner File Number 0-0116		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Jim Nakagawa</i>						58. Date Received (mm/dd/yyyy) OCT 20 2010	
59. Amendments							



201011300103
Skagit County Auditor



Affidavit for Correction

Center for Health Statistics
P.O. Box 5709
Olympia, WA 98507-5709
(360) 236-4300

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

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
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Read the section below for requesting any changes on the record.

Record Type: <input checked="" 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): (Use and 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:	
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6. The record 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 foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are subject to correction. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be replaced within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be supported by documentary proof submitted with the affidavit.

Examples of documentation include: Certificate of Naturalization, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an affidavit), and, Alien Registration Card (front and back).

Birth Certificate

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- This proof 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 for the person years old or have been established within five years of birth.
- Up to nine years after birth, 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.
 - Every age and age range change requires 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 Certificate

- Only the informant, funeral director, or executor/administrator (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 six years from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates

- Personal information, including filing changes in name, date or place of birth or residence may be changed by affidavit (with proof) by the person.
- On dissolution of marriage or place of marriage or dissolution, the official name of court (dissolution) must sign the affidavit.

DOH/CHS 021 (Rev. 11/01)

CERTIFIED

Seattle - King County
Department of Public Health

David Fleming, MD
Director and Health Officer



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Skagit County Auditor

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