



201107260008  
Skagit County Auditor

7/26/2011 Page 1 of 5 8:32AM

DOCUMENT TITLE: **LACK OF PROBATE AFFIDAVIT**  
REFERENCE NUMBER OF RELATED DOCUMENTS: **N/A**  
GRANTOR: **GREGORY D. WEIGEL; CLIFFORD H. WEIGEL, deceased**  
GRANTEE(s): **THE PUBLIC**  
ABBREVIATED LEGAL DESCRIPTION: **FRED STRELL'S WEST BEACH TRS LOT 9  
W OF RD & TDLNDS ADJ**  
ASSESSOR'S TAX/PARCEL NUMBERS: **P65524/3917-000-009-0007  
P65525/3917-000-009-0106**

**LACK OF PROBATE AFFIDAVIT  
STATE OF WASHINGTON  
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY  
PROPERTY**

STATE OF WASHINGTON )

COUNTY OF SKAGIT ) :SS

Gregory Weigel (herein, "Affiant"), being first duly sworn, on oath deposes and says:  
That Affiant is the lawful heir of the Decedent with respect to the estate of Clifford Weigel  
(herein "Decedent"), who died on February 9, 2011 , in the County of Skagit, State of

Washington, then being a resident of the City of Anacortes, County of Skagit, State of Washington. (A copy of the death certificate is attached hereto.)

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, 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), spouse, registered domestic partner, and *including all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:*

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Gregory Weigel, Son  
Address: 2901 Tartan Street, Boise, Idaho 83702  
Name & relationship Tina Weigel, Daughter  
Address: 6150 West Shore Road, Anacortes, Washington 98221  
Name & relationship Tamra Clark, Daughter  
Address: 13516 54<sup>th</sup> Drive NE, Marysville, Washington

That among items of real property owned by the Decedent at the time of death was real estate located in Skagit County, Washington, under tax parcel number P65524, legally described as follows:

Tract 9, FRED STRELL'S WEST BEACH TRACTS, as per plat recorded in Skagit County, Washington; EXCEPT that portion thereof lying East of the County Road as now established.

AND Skagit County, Washington tax parcel number P65525, legally described as follows:

That portion of Tract 9, FRED STRELL'S WEST BEACH TRACTS, lying East of the County Road as now established, as per plat recorded in the Auditor's Office of Skagit County, Washington.

Situated in Skagit County, Washington.

AFFIANT HEREBY DECLARES THE FOLLOWING:



201107260008  
Skagit County Auditor

FIRST, that the Estate of said Decedent at the date of death was of the approximate value of \$383,000, including real property above described, which had an approximate market value of \$373,000.

SECOND, 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.

THIRD, that the decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services

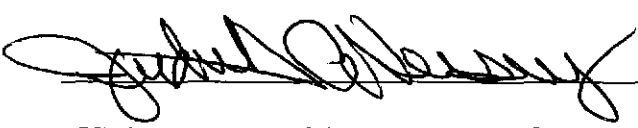
FOURTH, that the Decedent did leave a Last Will and Testament, which was amended by codicil, a true copy of which is attached to this affidavit, but such Will is not being probated. The Decedent's Will, left all of his property [except for certain tangible personal property to be disposed of by a list] to his wife, Janice, if she survived him, but if not, to his three children. Janice Weigel passed away on August 2, 2003, leaving my sisters and I as the only remaining heirs at law of Clifford Weigel. The list above shows all of the heirs at law by whom the Decedent was survived.

DATED: July 7, 20 11

  
(Signature)

Gregory Weigel



  
SUBSCRIBED and SWORN TO before me this 7<sup>th</sup> day of July, 20 11

Notary Public in and for the State of  
Idaho, residing at ADA County



201107260008  
Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <b>113-11</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Clifford Hamilton Weigel</b>		2. Death Date <b>Feb 9, 2011</b>			
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>85</b> Months Days <b>539-18-1408</b>	4b. Under 1 Year Months Days <b>539-18-1408</b>	5. Social Security Number <b>539-18-1408</b>	8. County of Death <b>Skagit</b>	
7. Birthdate <b>Aug 18, 1925</b>		8a. Birthplace (City, Town, or County) <b>Seattle</b>		9. Decedent's Education <b>Bachelor's Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify: <b>No</b>		11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>6150 Westshore Road</b>		13b. City or Town <b>Anacortes</b>			
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	
14. Estimated length of time at residence <b>27 Years</b>		15. Marital Status at Time of Death <b>Widowed</b>		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)) <b>Counselor</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Public Education</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Clifford Morris Weigel</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Dessie (ma) Hamilton</b>			
21. Informant's Name <b>Tami Clark</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: (Number and Street or RFD No., City or Town, State, Zip) <b>13516 - 54th Drive, NE Marysville WA 98271</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>6150 Westshore Road</b>		25. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>		26a. City, Town, or Location of Death <b>Anacortes</b>	
26b. State <b>WA</b>		27. Zip Code <b>98221</b>			
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		30. Location: City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc. 1105 32nd Street Anacortes Washington 98221</b>		32. Date of Disposition <b>Feb 12, 2011</b>			
33. Funeral Director Signature X <i>Joseph J. Williams</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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Myocardial Infarction</i></b> <b>Interval between Onset &amp; Death: <i>months</i></b> <b>Due to (or as a consequence of):</b> <b>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><i>Heart Disease</i></b> <b>Interval between Onset &amp; Death:</b> <b><i>Heart Disease</i></b> <b>Due to (or as a consequence of):</b> <b><i>Heart Disease</i></b> <b>Interval between Onset &amp; Death:</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b><i>Hypertension</i></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 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"/> 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>11/11/2010</b>		42. Hour of Injury (24hrs) <b>1300</b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Home</b>	
44. Location of Injury: Number & Street: <b>6150 Westshore Road</b>		45. City or Town: <b>Anacortes</b>		46. State: <b>WA</b>	
47. Describe how injury occurred <b>Slip and fall</b>		48. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		49. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
49a. 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. <i>Mark S. Backman MD</i>		49b. 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.			
50. Name and Address of Certifier - Physician, Medical Examiner or Coroner <b>Mark S. Backman, M.D. 1213 24th Street, Anacortes, WA 98221</b>		51. Name and Title of Attending Physician (if other than Certifier) (Type and Print) <b>Dr. [Signature]</b>		52. Hour of Death (24hrs) <b>1320</b>	
53. Title of Certifier <b>Dr.</b>		54. License Number <b>MD00019350</b>		55. Date Signed (mm/dd/yyyy) <b>Feb 11, 2011</b>	
56. Registrar Signature <i>Theresa Marshall, Daphne</i>		57. Date Received (mm/dd/yyyy) <b>FEB 11 2011</b>		58. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
59. Amendment(s)					



201107260008  
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## Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 47014  
Olympia, WA 98504-7014  
(360) 236-4300

### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section 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				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name: (For Birth): (Husband for 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 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:				
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:	
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. All changes must be established by documentary proof submitted with the affidavit. Examples of documentary proof: Certificate of Naturalization, Medical Record, School Transcripts, 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, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.				
Birth Certificates: 1. Only a parent, 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 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. 3. Proof must be five (or more) years old or have been established within five years of birth. 4. 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. 5. 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). 6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
Death Certificates: 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. 2. The medical information (cause of death) may be changed only 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 (Divorce) Certificates: 1. 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.				

NOH/CHS 023a 8/11/10

**\*CERTIFIED\***

FEB 18 2011

Skagit County Public Health Department  
Howard LeGrand M.D., Health Officer

UU00005577



201107260008  
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