

Return address:

Alberta Horn  
5505 Rosario way  
Anacortes, WA 98221



201112290001  
Skagit County Auditor

12/29/2011 Page 1 of 5 9:06AM

Document Title: Affidavit

Reference Number :

Grantor(s):

☐ additional grantor names on page \_\_\_\_

1. Alberta L. Horn
- 2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_

1. Public
- 2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_

Skyline NO. 1 Lot 19

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_

P59027

(Estate of Raymond F. Horn)



Washington State  
Department of Revenue  
Special Programs Division  
PO Box 47477  
Olympia, WA 98504-7477

**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of SKAGIT

Name of deceased RAYMOND E. HORN

I, (survivor's name) ALBERTA L. HORN affirm that I am the  
sole and rightful heir to the property described as:

Parcel number(s) 59027

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

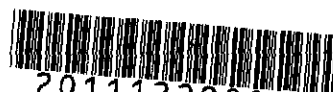
Signed this 21<sup>st</sup> day of DECEMBER, 2011 at ANACORTES, WA  
(month) (year) (city) (state)

Alberta L. Horn  
(Signature of surviving spouse or registered domestic partner)

ALBERTA L. HORN  
(Printed name of surviving spouse or registered domestic partner)

5505 ROSARIO WAY ANACORTES WA 98221  
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1028-11** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix <b>Raymond Fredrick Horn, Jr.</b>				2. Death Date <b>Dec 10, 2011</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>77</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>[REDACTED]</b>	8a. Birthplace (City, Town, or County) <b>Omaha</b>	8b. (State or Foreign Country) <b>Nebraska</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>5505 Rosario Way</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>	13f. Zip Code + 4 <b>98221</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>8 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Alberta Agnes Luecke</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Manager</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Human Resources</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Raymond Fredrick Horn</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Doris Viola Elaine</b>		
21. Informant's Name <b>Alberta A. Horn</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>5505 Rosario Way Anacortes WA 98221</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b> Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (If not a facility, give number & street or location) <b>Island Hospital</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>Dec 15, 2011</b>
33. Funeral Director Signature X <i>Merlin Lane</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. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>PNEUMONIA</b> Interval between Onset & Death <b>days</b> Due to (or as a consequence of): b. <b>ENTEROCOCCUS SEPTICEMIA</b> Interval between Onset & Death <b>days</b> Due to (or as a consequence of): c. <b>URINARY TRACT INFECTION</b> Interval between Onset & Death <b>days</b> Due to (or as a consequence of): d. <b>ANOXIC ENCEPHALOPATHY</b> Interval between Onset & Death <b>years</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
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"/> 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 (Type or Print) <i>[Signature]</i>			48b. Medical Examiner/Coroner (Type or Print) <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>C. Les Conway, M.D 1213 24th Street, Suite 100 Anacortes, WA 98221</b>				50. Hour of Death (24hrs) <b>0500</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>Dec 12, 2011</b>	
53. Title of Certifier <b>Dr.</b>	54. License Number <b>MD00015902</b>	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) <b>DEC 12 2011</b>	
59. Amendments					

DOH/CHS 003 Rev 07/09/07





# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 236-1300

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.

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

5. 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.

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:

- 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 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 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 officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 923a 6/1/10

\*CERTIFIED\*



201112290001  
Skagit County Auditor

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DEC 13 2011

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

UU00449735

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 12 day of January, 1996, by and between Raymond F. Horn and Alberta L. Horn, husband and wife, of Snohomish County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

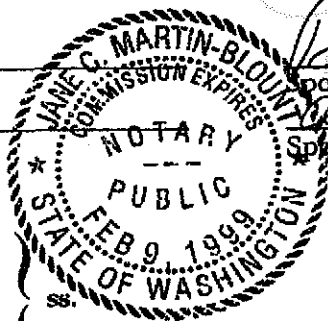
IN WITNESS WHEREOF, we Raymond F. Horn and Alberta L. Horn have hereunto set our hands this 12 day of January, 1996.

Witness

Witness

STATE OF WASHINGTON,

County of SNOHOMISH



(Individual Acknowledgement)

This is to certify on this 12TH day of JANUARY, 1996, before me JANE C. MARTIN-BLOUNT a Notary Public in and for the State of Washington duly commissioned and sworn, personally came RAYMOND F. HORN and ALBERTA L. HORN husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Jane C. Martin-Blount  
Notary Public in and for the State of WASHINGTON  
My appointment expires: 2-9-99

