



201201260041
Skagit County Auditor

1/26/2012 Page

1 of

4 11:26AM

RETURN TO:

Patrick M. Hayden
Attorney at Law
P. O. Box 454
Sedro-Woolley, WA 98284

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

Affidavit of Inheritance

REFERENCE NUMBERS(S) OF DOCUMENTS ASSIGNED OR RELEASED:

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

1. **Rawls, Russell James**

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

1. **Zieber, Jonna**
2. **Public**

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

ASSESSOR'S PARCEL/TAX I.D. NUMBER: 4031-000-013-0000/P70002
350412-0-009-0002/P36234

AFFIDAVIT OF INHERITANCE

STATE OF WASHINGTON)

: ss.

COUNTY OF SKAGIT)

JONNA L. ZIEBER, being first duly sworn upon oath, deposes and says:

1. **Affiant.** I am Jonna Zieber. I make this Declaration in lieu of probate of the Last Will and Testament of my husband, Russell J. Rawls.

2. **Decedent.** I was married to Russell J. Rawls on May 3, 2003, and he died on October 26, 2010. A certified Death Certificate is recorded herewith.

3. **No-Probate Will.** I have filed the Last Will and Testament of Russell J. Rawls under Skagit County Superior Court Cause No. 12-4-00029 -8, on January 23, 2012.

4. **Real Estate.** My husband and I acquired real estate while married by Bargain and Sale Deed filed under Skagit County Auditor's File No. 200406230129, which is community property. In addition, we owned the real estate described in that Quit Claim Deed recorded in Skagit County Auditor File No. 200704100073 as community property. This real estate, and all other real property which we owned, is my sole property by virtue of the Last Will and Testament of my husband.

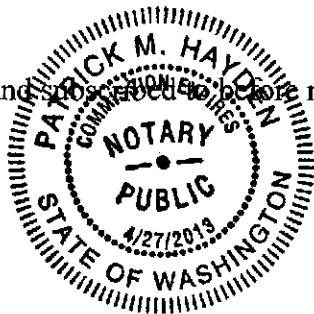
5. **No Debts.** All debts and obligations of my husband, including costs of burial and expenses of last illness, have been paid in full, except for loans for purchase of real estate, which are evidenced by recorded deeds of trust.

6. **Reliance.** I make this Declaration for purposes of inducing Chicago Title Co. to issue a policy of title insurance for the above-referenced real property.

DATED: January 23, 2012

Jonna L. Zieber
JONNA L. ZIEBER

Sworn and subscribed to before me this 23 day of January, 2012.



Patrick M. Hayden
Notary Public in and for the State of
Washington, residing at Scot-Woolley
My Commission Expires: 4.27.13
Print Name Patrick M. Hayden



201201260041
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 876-10		Washington State Certificate of Death		State File Number 2010 69079	
1. Legal Name (Include AKA's if any) First Middle LAST RUSSELL JAMES RAWLS			2. Death Date Oct 26, 2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 70	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) Tacoma	8b. (State or Foreign Country) Washington		9. Decedent's Education Bachelor of Science	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g. 824 SE 5 th St.) (Include Apt. No.) 1031 Clifford Street				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 30 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jonna L. Williams	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Pharmacist			18. Kind of Business/Industry (Do not use Company Name) Medical		
19. Father's Name (First, Middle, Last, Suffix) Russell Harvey Rawls			20. Mother's Name Before First Marriage (First, Middle, Last) Agatha Marie		
21. Informant's Name Jonna L. Zieber		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1031 Clifford Street Sedro-Woolley, WA 98284	
24. Place of Death, if Death Occurred in a Hospital: In-Patient			25. Facility Name (If not a facility, give number & street or location) United General Hospital		
26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA		27. Zip Code 98284	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park Cemetery		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284				32. Date of Disposition November 8, 2010	
33. Funeral Director Signature <i>Rick Lemley</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. Cancer of head and neck Due to (or as a consequence of): 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. Chronic obstructive lung disease Due to (or as a consequence of): c. Due to (or as a consequence of): d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Chronic obstructive lung 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 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"/> Pregnant at time of 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 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 X Vanoy Smith MD.			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) Vanoy Smith, MD 1990 Hospital Dr. Ste 100 Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 1200	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) October 27, 2010	
53. Title of Certifier Physician		54. License Number MD00011933		55. ME/Coroner File Number NJA-504	
57. Registrar Signature <i>Theresa Marshall, Deputy</i>				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
59. Amendments				58. Date Received (mm/dd/yyyy) OCT 28 2010	



201201260041
Skagit County Auditor

DOHCHS 903 Rev 07/09/07

DOH 01-0003 (5/10)



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(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:
--------------------	--------------	-----------	-------	-------------------

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)

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:

The Record now shows:

The True fact is:

6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ 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)
Marriage Records Birth Record Alien Registration Card (front and back)
Marriage License 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 (21 or older), or the adult themselves (18 or older) may change the birth certificate.
2. The proof(s) must match exactly the material on the affidavit. 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)

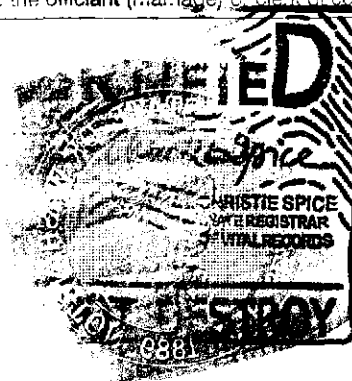
Death Certificates:
1. Only the informant, informant's doctor, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
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 facts (minor spelling changes in name, 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 023a 6/11/10



201201260041
Skagit County Auditor



UU00400421