

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20 134498  
NOV 05 2013



Skagit County Auditor  
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Amount Paid \$6  
Skagit Co. Treasurer  
By *MM* Deputy

**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 Melvin R McSpadden

I, (survivor's name) Betty R McSpadden affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) ~~P 82573~~

LAND TITLE OF SKAGIT COUNTY

P 82574 (Replat)

ACCOMMODATION RECORDING

M-20100

Abb legal: Unit 204, 1800 Skyline

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 31 day of Oct, 2013 at Anacortes, WA  
(month) (year) (city) (state)

Betty R. McSpadden  
(Signature of surviving spouse or registered domestic partner)

Betty R McSpadden  
(Printed name of surviving spouse or registered domestic partner)

1800 Skyline Wa #204 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

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-002404

DATE ISSUED: 02/11/2013

FEE NUMBER: 000000029

GIVEN NAMES: MELVON RUEBEN  
LAST NAME: MCSPADDEN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 07, 2013  
HOUR OF DEATH: 12:55 A.M.  
SEX: MALE  
AGE: 91 YEARS

SOCIAL SECURITY NUMBER: ██████████-8427

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: MARCH 14, 1921  
BIRTHPLACE: ROTAN, TEXAS

MARITAL STATUS: MARRIED  
SPOUSE: BETTY RUTH WATSON

OCCUPATION: MANAGER  
INDUSTRY: RETAIL HARDWARE STORE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: BETTY R MCSPADDEN  
RELATIONSHIP: WIFE  
ADDRESS: 1800 SKYLINE WAY, #204, ANACORTES, WA 98221

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: SAN JUAN REHAB & CARE CENTER  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1800 SKYLINE WAY, #204  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES

COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER: RUSH A MCSPADDEN  
MOTHER: OLLIE ELIZABETH JESTER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: FEBRUARY 12, 2013

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

- CAUSE OF DEATH:
- A. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE  
INTERVAL: YEARS
  - B. CORONARY ARTERY DISEASE /P STENT  
INTERVAL: YEARS
  - C. ATRIAL FIBRILLATION  
INTERVAL: YEARS
  - D. CAROTID ARTERY DISEASE  
INTERVAL: YEARS



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OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ANTICOAGULATION. DIABETES MELLITUS

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CLAUDE LES CONWAY, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1213 24TH STREET, SUITE 100  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: FEBRUARY 08, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA # 086  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: FEBRUARY 08, 2013

NUMBER(S): NONE  
DATE(S): NONE



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47314  
Olympia, WA 98504-7814  
(360) 226-4300

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: <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 (if or Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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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: <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 registered as received.

**Most changes must be established by documentary proof submitted with the affidavit**

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. <b>Child (under 18)</b> <ul style="list-style-type: none"> <li>• Only parent(s) or legal guardian can change the birth certificate</li> <li>• Guardian must submit certified court order giving them authority to act on behalf of child(ren).</li> <li>• Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.</li> <li>• Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.</li> <li>• To correct birth date, place of birth or parent's information, one documentary proof is required.</li> </ul> </li> <li>4. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)</b></li> </ol> | <ol style="list-style-type: none"> <li>• <b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult themselves can change the birth certificate.</li> <li>• If the first or middle name is absent, three pieces of documentary proof are required.</li> <li>• If the first and/or middle name is misspelled, two pieces of documentary proof are required.</li> <li>• To correct birth date, place of birth or parent's information, one documentary proof is required.</li> <li>• Proof must be five (or more) years old or have been established within five years of birth.</li> </ul> </li> </ol> |
|--|---|

**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.
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 January 2012



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# \*CERTIFIED\*

FEB 11 2013

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

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