



201504210033

Skagit County Auditor

\$77.00

4/21/2015 Page

1 of

6 12:24PM

Return Address:

Pivke Law Firm

P.O. Box 1288

Mt Vernon, WA 98273

Document Title:

Affidavit of Surviving spouse

Reference Number (if applicable):

Grantor(s):

☐ additional grantor names on page ____.

1) Ria C. Stroosma

2) _____

Grantee(s):

☐ additional grantor names on page ____.

1) Public

2) _____

Abbreviated Legal Description:

☐ full legal on page(s) ____.

PT TR 16 Big Lake Water Front Tracts

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page ____.

P61976

AFFIDAVIT OF SURVIVING SPOUSE

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

RIA C. STROOSMA (aka Maria C. Stroosma) (aka Ria Catharina Oosterholt), being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of PETER J. STROOSMA, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property located in Skagit County, Washington:

TPN: 3862-000-016-0102 (P61976)

The North 1/2 of Tract 16, "BIG LAKE WATER FRONT TRACTS, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 4 of Plats, page 12, records of Skagit County, Washington.

SECOND, I am the surviving spouse of PETER J. STROOSMA and we acquired this property as husband and wife.

THIRD, that said Decedent died on the 17th day of June, 2012 in Skagit County, State of Washington. (Certificate of Death attached as Exhibit A).

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, 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.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
RIA C. STROOSMA 17787 West Big Lake Blvd. Mount Vernon, WA 98274	Spouse	Legal
SVEN P. STROOSMA 18273 West Big Lake Blvd. Mount Vernon, WA 98274	Son	Legal
MARGUERITE M. STROOSMA JACOBS 5919 Cattail Place Bow, WA 98232	Daughter	Legal
ERWIN P. STROOSMA 1226 S. 10th Street Mount Vernon, WA 98274	Son	Legal
KIM L. STROOSMA BETCHIK 130 W. Gilman, St. #3 Arlington, WA 98223	Daughter	Legal

DATED this 14th day of April, 2015.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20151283

APR 21 2015

Amount Paid \$6
Skagit Co. Treasurer
By *HB* Deputy


RIA C. STROOSMA

Lack of Probate Affidavit - Page 3

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-007415

DATE ISSUED: 06/26/2012

FEE NUMBER: 0000000029

GIVEN NAMES: PETER JOHN
LAST NAME: STROOSMA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 17, 2012
HOUR OF DEATH: 09:19 P.M.
SEX: MALE
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: HEEMSTEDE, NETHERLANDS

MARITAL STATUS: MARRIED
SPOUSE: RIA CATHARINA OOSTERHOLT

OCCUPATION: TEACHER/DIRECTOR
INDUSTRY: COLLEGE/RESOURCE CENTER
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: RIA STROOSMA
RELATIONSHIP: SPOUSE
ADDRESS: 17787 WEST BIG LAKE BLVD. MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 17787 WEST BIG LAKE BLVD.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 17787 WEST BIG LAKE BLVD.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: GIJSBERTUS STROOSMA
MOTHER: CORNELIA [REDACTED]

METHOD OF DISPOSITION: DONATION/CREMATION
PLACE OF DISPOSITION: UNIVERSITY OF WASHINGTON
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: JUNE 25, 2012

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON
ADDRESS: 6942 S 196TH ST
CITY, STATE, ZIP: KENT WA 98032
FUNERAL DIRECTOR: CRAIG R MORGAN

CAUSE OF DEATH:
A. LIVER FAILURE
INTERVAL: 1 MONTH
B. NON-SMALL CELL LUNG CANCER
INTERVAL: 16 MONTHS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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

CERTIFIER NAME: KIARASH KOJOURI MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 307 S 13TH ST, STE. 100
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: JUNE 21, 2012

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 958
ATTENDING PHYSICIAN:
KIARASH KOJOURI MD

LOCAL DEPT. REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JUNE 25, 2012





Affidavit for Correction

Center for Health Statistics
P.O. Box 47614
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
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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

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:

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"/> Telephone Number:	<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)
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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.

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 2-4) 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 executor/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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proper) 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 2/14/11

CERTIFIED

JUN 26 2012

VV00361395

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