



201603250004

Skagit County Auditor

\$75.00

3/25/2016 Page

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3 9:07AM

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016 986

MAR 25 2016

State of Washington

County of SKAGIT

Name of deceased

MARVIN HARTLEY

Amount Paid \$ ☒
Skagit Co. Treasurer

By mm Deputy

I, (survivor's name)

MOLLY ELLEN HARTLEY

affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s)

P55765ANACORTES LHS1-3 BIK 120

Land Use and Escrow

M-60025

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

day of

March, 2016

at

AnacortesWA

(month)

(year)

(city)

(state)

Molly E. Hartley

(Signature of surviving spouse or registered domestic partner)

Molly E. HARTLEY

(Printed name of surviving spouse or registered domestic partner)

P.O. Box 513

(Address of surviving spouse or domestic partner)

ANACORTESWA98221

(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: 2015-020532

DATE ISSUED: 01/27/2015

FEE NUMBER: 000000029

GIVEN NAMES: MARVIN
LAST NAME: HARTLEY

SUFFIX: SR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 22, 2015
HOUR OF DEATH: 10:10 P.M.
SEX: MALE
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: ANDREWS, SOUTH CAROLINA

MARITAL STATUS: MARRIED
SPOUSE: MOLLY ELLEN LEWIS

OCCUPATION: TRUCK DRIVER
INDUSTRY: SANITATION
EDUCATION: 8 YEARS
US ARMED FORCES? YES

INFORMANT: MOLLY E. HARTLEY
RELATIONSHIP: WIFE
ADDRESS: PO BOX 513, ANACORTES, WA 98221

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1401 - 16TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: ELIBY HARTLEY
MOTHER: IDELL [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: JULY 25, 2015

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. ACUTE ON CHRONIC RESPIRATORY FAILURE
INTERVAL: 1 WEEK
 - B. PNEUMONIA
INTERVAL: 2-3 WEEKS
 - 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:

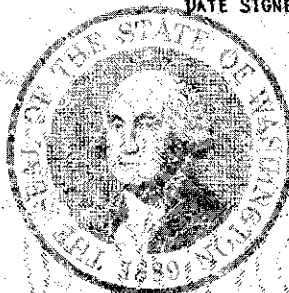
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: HELEN YOUNG, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: JULY 24, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 4443
ATTENDING PHYSICIAN:
HELEN YOUNG MD

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JULY 24, 2015

Affidavit for Correction

Mail to: 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 Aff. number: Fee Number: Initials: Date: Affidavit Number:

Required information must match current information on record

Required	Record type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)			
	1. Name on Record:	2. Date of Event:	3. Place of Event:	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
	6. Name of Person Requesting Correction:			Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)

7. Return Mailing Address:
Telephone Number: Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth Information/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- U.S. Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
3. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- Legal guardian(s) include certified court order proving guardianship
- Under age 18, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)
- And again, a court order is required to change the last name
- No court order is required to change the first or middle name
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

To add the last part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with proof.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-031 January 2015

CERTIFIED

JUL 27 2015

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

CC000034119