



201604250130

Skagit County Auditor

\$127.00

4/25/2016 Page

1 of

5 11:44AM

**Return to:**

**FIRST AMERICAN TITLE INS CO  
1100 SUPERIOR AVE STE 200  
CLEVELAND OH 44114**

**-Please print or type information WASHINGTON RECORDER'S Cover  
Sheet (RCW 65.04)**

**Document Title(s) AFFIDAVIT(LACK OF PROBATE)**

Reference Number(s) of Related Documents:

Additional reference #'s on page of document

**Grantor(s): JULIE RAE OOSTERHOF**

**Grantee(s): JOHN BET OOSTERHOF(DECENDENT)**

**HEIRS LINDSEY KATE OOSTERHOF  
BRIAN PETER OSTERHOF  
MARLO D METCALF**

**Legal description: N/A** 10+ 15 Jochim first add etal

**Assessor's Property Tax Parcel/Account Number: N/A** P106234

Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

SIGNATURE OF REQUESTOR

Order No. 111206

AFFIDAVIT  
(LACK OF PROBATE)

STATE OF WASHINGTON

COUNTY OF SKAGIT

JULIE RAE OOSTERHOF

(Full Name)

being first duly sworn, deposes and says:

That affiant is the lawful surviving spouse of JOHN BET OOSTERHOF, who died on OCTOBER 31  
20 10, at MT VERNON SKAGIT WA  
(City) (County) (State)

That affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his/her children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sister of decedent.)

That the heirs at law of decedent are (list all of the heirs at law, using the reverse side if necessary):

LINDSEY KATE OOSTERHOF 24 DAUGHTER  
(Full Name) (Age) (Relationship to Decedent)

9510 192<sup>ND</sup> ST NW STANWOOD WA 98292  
(Full Address)

BRIAN PETER OOSTERHOF 21 SON  
(Full Name) (Age) (Relationship to Decedent)

15407 BONNEY LANE MT VERNON WA 98273  
(Full Address)

That affiant knows of his/her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of said decedent (including but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, except as follows (use reverse side if necessary):

That decedent left no will, nor during his/her lifetime did decedent execute, with affiant, a community property survivorship agreement. Affiant states that the total community property of decedent and affiant approximates \$ 230,240 in current market value, and that the total decedent's separate property approximates \$ 0.

That this affidavit is made solely to induce FIRST AMERICAN TITLE INSURANCE COMPANY, hereinafter called "Company", to insure title to real property covered by the Company's order number set forth above, in which decedent held an interest at the time of his/her death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

Dated: MARCH 16, 20 10

JULIE RAE OOSTERHOF  
(Affiant's Full Name)

15407 BONNEY LANE MT VERNON WA  
(Full address)

(360) 840-8076 / (360) 424-9543  
(Telephone Number)

**B. C. GEORGE**  
STATE OF WASHINGTON  
**NOTARY PUBLIC**

MY COMMISSION EXPIRES

Subscribed and sworn to before me, B. C. GEORGE, a Notary Public in and for the STATE OF WASHINGTON,  
02-23-20

residing at LYNNWOOD  
(City)

Washington, this 16<sup>TH</sup> day of MARCH, 20 10  
(Day) (Month) (Year)

MARLO D. METCALF

DAUGHTER

2301 S 18TH MT VERNON WA 98274

360-416-4953



OOSTERHOF

51182786

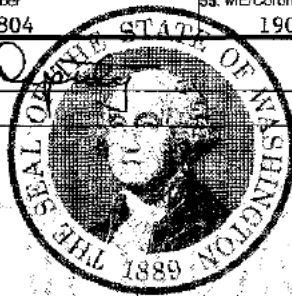
WA

FIRST AMERICAN ELS  
AFFIDAVIT



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <b>905-10</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (Include AKA's if any): First <b>John</b> , Middle <b>B.</b> , Last <b>Oosterhof</b> , Suffix <b>Jr.</b>			2. Death Date: <b>Oct 31, 2010</b>		
3. Sex: <b>Male</b>	4a. Age - Last Birthday: <b>57</b>	4b. Under 1 Year: Months <b>0</b> , Days <b>0</b>	4c. Under 1 Day: Hours <b>0</b> , Minutes <b>0</b>	5. Social Security Number: <b>[REDACTED]</b>	6. County of Death: <b>Skagit</b>
7. Birth Date: <b>[REDACTED]</b>	8a. Birthplace (City, Town, or County): <b>Artesia</b>	8b. (State or Foreign Country): <b>California</b>	9. Decedent's Education: <b>Some college credit, but no degree</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>			11. Decedent's Race(s): <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): <b>15467 Bonney Lane</b>			13b. City or Town: <b>Mount Vernon</b>		
13c. Residence County: <b>Skagit</b>		13d. Tribal Reservation Name (if applicable): <b>--</b>	13e. State or Foreign Country: <b>Washington</b>	13f. Zip Code + 4: <b>98273</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: <b>22 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>Julie Crossman</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): <b>Dairy Farmer</b>			18. Kind of Business/Industry (Do not use Company Name): <b>Farming</b>		
19. Father's Name (First, Middle, Last, Suffix): <b>John B. Oosterhof, Sr.</b>			20. Mother's Name Before First Marriage (First, Middle, Last): <b>Alice</b>		
21. Informant's Name: <b>Julia Oosterhof</b>		22. Relationship to Decedent: <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. <b>15467 Bonney Lane</b> , City or Town <b>Mount Vernon</b> , State <b>WA</b> , Zip <b>98273</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>			25. Facility Name (if not a facility, give number & street locally): <b>15467 Bonney Lane</b>		
26. Method of Disposition: <b>Burial</b>		27. Place of Final Disposition (Name of cemetery, crematory, other place): <b>Hawthorne Lawn Memorial Park</b>		28. Location City/Town, and State: <b>Mount Vernon, WA</b>	
29. Name and Complete Address of Funeral Facility: <b>Kern Funeral Home, 1122 South Third St., Mount Vernon, WA 98273</b>			30. Date of Disposition: <b>Nov 8, 2010</b>		
31. Funeral Director Signature X: <i>Jeremiah T. LeSourd</i>			32. Date of Disposition: <b>Nov 8, 2010</b>		
33. Cause of Death (See instructions and examples)					
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. <b>Severe COPD</b>		Interval between Onset & Death: <b>yes</b>	
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. <b>A-fibrillation</b>		Interval between Onset & Death: <b>1 month</b>	
		c. <b>Tobacco abuse</b>		Interval between Onset & Death: <b>yes</b>	
		d. <b></b>		Interval between Onset & Death: <b>yes</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"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy): <b></b>	42. Hour of Injury (24hrs): <b></b>	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): <b></b>		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: <b></b>			46. Describe how injury occurred: <b></b>		
47. Transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): <b></b>			48a. Certifying Physician - To the best of his knowledge (death occurred at the time, date, and place and due to the cause(s) and manner stated): <b>Sandeep Bal, MD</b>		
48b. Medical Examiner/Coroner - On the basis of knowledge and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated: <b></b>			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): <b>Sandeep Bal, MD, 1400 E Kincaid St., Mount Vernon, WA 98274</b>		
50. Name and Title of Attending Physician (if other than Certifier) (Type or Print): <b></b>			51. Date Signed (mm/dd/yyyy): <b>11/03/2010</b>		
52. Title of Certifier: <b>Physician</b>		53. License Number: <b>MD60067804</b>		54. ME/Coroner File Number: <b>190-10</b>	
55. Registrar Signature: <i>Cornie Anderson</i>			56. Date Received (mm/dd/yyyy): <b>NOV -3 2010</b>		
57. Amendments: <b></b>					



DOHCHS 003 Rev 07/09/07

DOH 01-003 (6/10)

# **Affidavit for Correction**

Obtain the Health Statistics  
Form 023a  
Original: 17A 023a 6/11/10  
(390) (14-433)

Print in **ink** on this form. Do not use ink and do not alter.

**FOR OFFICIAL USE ONLY**

1. Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Official Number: \_\_\_\_\_

2. I declare under penalty of perjury that the above information is true and correct.

3. Place of Event (City or County): \_\_\_\_\_

4. Date of Event: \_\_\_\_\_

5. Place of Event (City or County): \_\_\_\_\_

6. Person's Full Name (for Birth) (Wife for Marriage) (Dissolution): \_\_\_\_\_

7. I declare under penalty of perjury that the above information is true and correct.

8. I declare under penalty of perjury that the above information is true and correct.

9. I declare under penalty of perjury that the above information is true and correct.

10. I declare under penalty of perjury that the above information is true and correct.

11. I declare under penalty of perjury that the above information is true and correct.

12. I declare under penalty of perjury that the above information is true and correct.

13. I declare under penalty of perjury that the above information is true and correct.

14. I represent the following: \_\_\_\_\_

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45. I represent the following: \_\_\_\_\_

**\*CERTIFIED\***

NOV 03 2010

*Handwritten Signature*

UU00007246

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

DOH/CHS 023a 6/11/10