

Filed for Record at the Request of:

Aaron M. Rasmussen  
Attorney at Law, P.S.  
1101 8<sup>th</sup> Street, Suite A  
Anacortes, WA 98221



201608090029

Skagit County Auditor

\$75.00

8/9/2016 Page

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3 11:20AM

## AFFIDAVIT (LACK OF PROBATE)

[SEE SUBSTITUTE HOUSE BILL 2539 - SEC. 2(f)]

STATE OF WASHINGTON )  
 )  
COUNTY OF SKAGIT ) ss.

I, RALPH R. SCOTT, the surviving spouse of COLLEEN J. SCOTT, Deceased, affirm that I am the sole and rightful heir to the real property situated in Skagit County, Washington described as:

Parcel #1: Assessor's Tax/Parcel No. 4792-000-999-0000 / P119063

Tract A, PLAT OF ROCK RIDGE WEST, as per plat recorded March 25, 2002 under Auditor's File Number 200203250231, records of Skagit County, Washington.

Parcel #2: Assessor's Tax/Parcel No. 350123-3-004-0001 / P31754

Parcel B of Boundary Line Adjustment Survey recorded August 20, 1996 under Auditor's File No. 9608200008, records of Skagit County, Washington, also described as the East 495 of the Southeast ¼ of the Southwest ¼ of Section 23, Township 35 North, Range 1 East, W.M., except the North 383 feet thereof; also except that portion, if any, that may lie within the boundaries of the West ½ of the West ½ of the Southeast ¼ of the Southwest ¼ of said Section 23. TOGETHER WITH the West ½ of the West ½ of the Southeast ¼ of the Southwest ¼ of Section 23, Township 35 North, Range 1 East, W.M., except the north 383 feet thereof, and except the West 25 feet thereof.

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

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 9 day of August, 2016, at Anacortes, Washington.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20163449

AUG 09 2016

(Signature of surviving spouse or registered domestic partner)

RALPH R. SCOTT

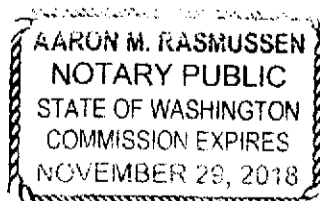
(Printed name of surviving spouse or registered domestic partner)

Post Office Box 634 Anacortes Washington 98221

(Address of surviving spouse or domestic partner) (City) (State) (Zip)

On this day personally appeared before me RALPH R. SCOTT, to me known to be the individual described in and who executed the foregoing document and acknowledged that he signed said document as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 9 day of August, 2016.



Notary Public in and for the State of Washington,  
residing at Anacortes.

My appointment expires 11-29-18

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-023984

DATE ISSUED: 06/13/2016

FEE NUMBER: 000000029

GIVEN NAMES: COLLEEN JUDITH  
LAST NAME: SCOTT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 09, 2016  
HOUR OF DEATH: 12:05 P.M.  
SEX: FEMALE  
AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: NEW WESTMINSTER, BRITISH COLUMBIA, CANADA

MARITAL STATUS: MARRIED  
SPOUSE: RALPH RANDALL SCOTT

OCCUPATION: CHIEF CLERK  
INDUSTRY: BANKING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: RALPH RANDALL SCOTT  
RELATIONSHIP: HUSBAND  
ADDRESS: PO BOX 634, ANACORTES, WA 98221

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

RESIDENCE STREET: 2201 OREGON AVENUE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 43 YEARS

FATHER/PARENT: RICHARD HOWE CRICHTON  
MOTHER/PARENT: MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: JUNE 13, 2016

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. ASPIRATION PNEUMONIA  
INTERVAL: DAYS  
B. ADVANCED ALZHEIMER DEMENTIA  
INTERVAL: YEARS  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
URINARY TRACT INFECTION

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: NANCY H. LLEWELLYN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: PO BOX 190  
CITY, STATE, ZIP: LA CONNER WA 98259  
DATE SIGNED: JUNE 11, 2016

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: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: JUNE 13, 2016



# 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 File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:	2. Date of Event:	3. Place of Event:		
4. Father/Parent Full Legal 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 2 <sup>nd</sup> parent (if required):
Printed name:	Date:
Printed name:	Date:

### INSTRUCTIONS - go to [www.doh.wa.gov](http://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/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- 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

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof 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 change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**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). The informant may change marital status with proof. 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 422-004 October 2015

**\*CERTIFIED\***

JUN 13 2016

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

EE00086976