

WHEN RECORDED RETURN TO:

Mary Ann Ardoin
4703 Devonshire Dr.
Anacortes, WA 98221



201609130021

Skagit County Auditor

9/13/2016 Page

1 of

\$112.00

7 11:43AM

CHICAGO TITLE

500047134

DOCUMENT TITLE(S)

Lack of Probate and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

The Estate of Alfred John Ardoin, deceased

Mary Ann Ardoin
Washington, State of

GRANTEE(S):

Mary Ann Ardoin, an unmarried individual as her sole and separate estate

Public
Alfred John Ardoin, deceased

ABBREVIATED LEGAL DESCRIPTION:

Lot 78 Skyline No. 6

TAX PARCEL NUMBER(S):

P59474/3822-000-078-0007

20164090
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

SEP 13 2016

Amount Paid \$ ☒
Skagit Co. Treasurer
By *MF* Deputy

**AFFIDAVIT
LACK OF PROBATE**

File No:

Date:

7/13/16

STATE OF Washington)

) -ss.

COUNTY OF Skagit)

being first duly sworn, deposes and says:

1. That the undersigned Affiant is the 1 Spouse (relationship to decedent)
of Alfred John Ardon (decedent name),
who died on August 8, 07 (date of death), at Skagit Valley Hospital (City),
State of WA, then being a legal resident of Skagit (City),
(County), WA (State).

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:
- [] Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto; or
- [☒] Decedent left no last Will; or
- [] Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
- [] Decedent left a last Will which was probated in _____ County, State of _____, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.
3. Please read and initial the following:
- The undersigned acknowledges that without a full probate of the Decedent's estate, there may be additional excise tax requirements as per WAC 458-61A-202.
4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

HEIRS AT LAW

File No.:

Affidavit Lack of Probate - continued

Date:

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
6. The decedent [☒] had [☐] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
7. As of the date of death, the value of all community property of decedent was approximately \$ 47,000.00. The value of all separate property of decedent was approximately \$ 0.
8. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

This affidavit is made to induce First American Title Insurance Company, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.

Mary Ann Austin

File No.:

Affidavit Lack of Probate - continued

Date:

STATE OF Washington)

COUNTY OF Skagit)

)-ss.

I certify that I know or have satisfactory evidence that, (s) are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: July 27, 2016

Mary Ann Ardon
Julie K Miller

Notary Public in and for the State of Washington

Residing at: *Arad Hrs*

My appointment expires: 1/24/17

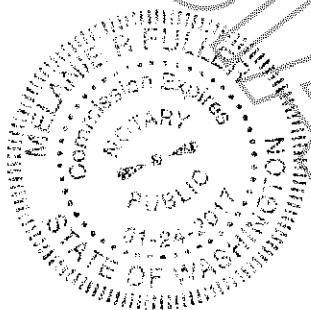


EXHIBIT A

Order No.: 500047134

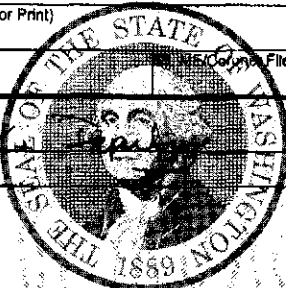
For APN/Parcel ID(s): P59474 / 3822-000-078-0007

Lot 78, Skyline No. 6, according to the plat thereof, recorded in Volume 9 of plats, pages 64 through 67, records of Skagit County, Washington.

Situate in Skagit County, Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 606-07		Washington State Certificate of Death				State File Number: 7 64543	
1. Legal Name (Include AKA's if any) - First Middle LAST		2. Death Date					
Alfred John ARDOIN		Aug 8, 2007					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
M	78	Months Days	Hours Minutes	[REDACTED]	Skagit		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
[REDACTED]	Pine Prairie	Louisiana					
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes			
No		Caucasian		Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town			
4703 Devonshire Dr.				Anacortes			
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Skagit		Washington		98221-			
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
41y		Married		Mary Ann Harrison			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Electrician				U.S. Navy			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Alma Ardoin				Eva [REDACTED]			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town	State Zip
Mary Ann Ardoin		Wife		4703 Devonshire Dr.		Anacortes	WA 98221-
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
Inpatient							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	27. Zip Code
Skagit Valley Hospital				Mount Vernon		WA	98274
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Hawthorne Memorial Park		Mount Vernon, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Alpha-Omega Burial and Cremation Service 2021 E. College Way Mount Vernon, WA				Aug. 11, 2007			
33. Funeral Director Signature X <i>[Signature]</i>							
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. Myocardial Infarction				Interval between Onset & Death: immed.	
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. Ex long standing Heart disease				Interval between Onset & Death: Years	
		c. [REDACTED]				Interval between Onset & Death:	
		d. [REDACTED]				Interval between Onset & Death:	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
End Stage Renal Disease, Diabetes Type II				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<input checked="" 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
45. Location of Injury: Number & Street:				City or Town: State: Zip Code + 4:			
46. Describe how injury occurred				47. If transportation injury, specify:			
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician: On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner: On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.			
[Signature]				[Signature]			
49. Name and Address of Certifying Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Dr. Frank Bjoreeth, M.D. 2511 M Ave Suite A, Anacortes, WA 98221				1915			
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				Aug 9 2007			
53. Title of Certifier		54. License Number		55. Case File Number		56. Was case referred to Medical Examiner?	
Dr.						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy)			
[Signature]				AUG 10 2007			
59. Amendments							



DOH/CHS 003 Rev 2/08/2004

DOH 01-003 (10/15)



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number

Fee Number

Initials

Date

Affidavit Number

Required information must match current information on record

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

Self

☐ Guardian

☐ Informant

☐ Hospital

Person on Record

☐ Parent(s)

☐ Funeral Director

☐ Other (specify)

7. Return Mailing Address

Telephone Number

Email Address

Use this 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.

10.

12.

14.

9.

11.

13.

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

for more information

Driver's license, Social Security card, and other sensitive 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 DCH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executor/administrator (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 sibling). A funeral director may change mortal status with proof. Marital status requires a certified copy of a court order. If someone other than the informant is requesting a change, a certified copy of a court order is required.
2. The medical information (cause of death) may be changed only by the medical examiner or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or address) 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, minister, or clerk of court (dissolution) must complete and submit the affidavit.

DCH 422-027 October 2015



JUL 27 2016

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