

Return Address:



201609220096

Skagit County Auditor

\$77.00

9/22/2016 Page

1 of

5 1:26PM

### AFFIDAVIT (LACK OF PROBATE)

Samantha Stormont, being first duly sworn, deposes and says:  
Notary

The undersigned affiant/grantee Jeffrey A. Gray is a rightful heir, as listed on  
Affiant/Grantee

heirs at law, to the real property described below, and is SON  
Relationship to decedent

of ~~Frank M. Hester~~ Peggy A. Gray, who died on 5-16-07  
Decedent/Grantor Date

at Sedro Woolley Skagit Wa.  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Tract 4 of short Plat No. 8-81, approved  
September 14, 1981 and recorded Sept. 11, 1981 in Auditors File No 810911009 in  
block 5 of short Plats, Pg. 126, records of Skagit County, being a portion of tract 3  
of the "Plat of Burlington Acreage Property" as per plat recorded in Vol. 1 of Plats, pg. 49  
situated in Skagit County, WA @ 1999 real property taxes which buyer shall assume + pay,  
records of Skagit County (b) exceptions 1-7, Schedule B-001, Chicago Title Ins. Co commitment  
SB-12864 (c) unpaid special assessments, road maintenance  
obligations, or utility hook-up fees and like obligations, if any

Assessor's Property Tax Parcel/Account Number: 3867-000-003-0805  
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

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

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of 1)

Full name, age, relationship, address

Sue Ann Gray, 54 yrs., daughter, 22521 Rhodes Rd. Sedro Woolley Wa. 98284

Full name, age, relationship, address

Jeffrey Alan Gray, 53, 20751 Wordan Rd. Burlington Wa. 98284  
SON

Full name, age, relationship, address

Lisa Marie Strutzel, 52, 24424 Wicken Rd, Sedro Woolley Wa. 98284, daughter

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 9-22-16

Jeffrey Alan Gray

Affiant's full name

(360) 840-6268

Telephone number

20751 West Jordan Rd.

Burlington Washington 98233  
City State Zip Code

Signature 9-22-16  
Date

State of Washington County of Skagit

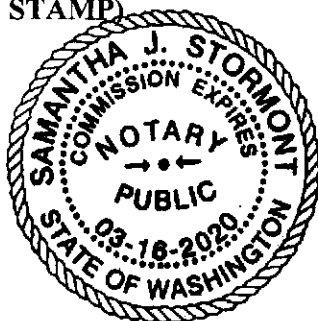
I know or have satisfactory evidence that Jeffrey A Gray  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9 22 16

SSA  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: 339 Ferry St Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 03/16/2020

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

2016 AUG -8 PM 1:28

CERTIFICATE OF DEATH

16-4-00135-1

CERTIFICATE NUMBER: 2016-014204

DATE ISSUED: 04/07/2016

FEE NUMBER: 000000029

GIVEN NAMES: HENRY JEFFERSON  
LAST NAME: GRAY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 02, 2016  
HOUR OF DEATH: 12:15 P.M.  
SEX: MALE  
AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: ARDMORE, CARTER CNTY, OKLAHOMA

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: TRUCK DRIVER  
INDUSTRY: ROAD CONSTRUCTION  
EDUCATION: 9-12TH GRADE, NO DIPLOMA  
US ARMED FORCES? YES

INFORMANT: LISA STRUTZEL  
RELATIONSHIP: DAUGHTER  
ADDRESS: 24424 WICKER RD., SEDRO WOOLLEY WA 98284

CAUSE OF DEATH:  
A. METASTATIC PROSTATE CANCER  
INTERVAL: 3 YEARS

B. INTERVAL:  
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

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 20751 W. JORDAN RD.  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98230  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: WILLIAM DICKSON GRAY  
MOTHER/PARENT: DORA ETTIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM  
CITY, STATE: BLAINE, WA  
DISPOSITION DATE: APRIL 06, 2016

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL  
ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM WA 98226  
FUNERAL DIRECTOR: TIM D. POWELL

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: BRUCE C. MATHEV, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
DATE SIGNED: APRIL 06, 2016



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: APRIL 06, 2016

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
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Required	Required information must match current information on record			
	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:

### 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 422-034 October 2015

**\*CERTIFIED\***

APR 07 2016

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

EE00087076