

Return Address:



201609220113

Skagit County Auditor

9/22/2016 Page

1 of

\$78.00

6 2:40PM

AFFIDAVIT (LACK OF PROBATE)

Tom Krenn, being first duly sworn, deposes and says:
Notary

The undersigned affiant/grantee Randal Ray Boeholt is a rightful heir, as listed on
Affiant/Grantee

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

of Kathryn Elizabeth Boeholt, who died on 8/04/2008
Decedent/Grantor Date

at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Parcel A Lot 7 "ANACORTES BEACH (See attached schedule C)

Parcel B LOT 7 "ANACORTES BEACH (See attached schedule C)

Assessor's Property Tax Parcel/Account Number: 51820 / 61817
(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)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016 4290

SEP 22 2016

(Page 1 of _____)

REV 84 0017 (8/31/16)

Amount Paid \$ 0
Skagit Co. Treasurer
By HB Deputy

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

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 9-22-16

Affiant's full name

Randal Ray Boeholt

Telephone number

360-391-1967

Anacortes WASHINGTON 98221
City State Zip Code
[Signature] 9-22-16
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that

Randal Ray Boeholt
(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, 2016

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Anacortes, WA
Notary Public in and for the State of Washington
My appointment expires: 04, 16, 2017

SCHEDULE "C"

ORDER NO.: 60597

The land referred to herein is situated in the County of Skagit, State of Washington, and is described as follows:

PARCEL "A":

That portion of Lot 7, "ANACO BEACH", as per plat recorded in Volume 5 of Plats, page 4, records of Skagit County, described as follows:

Commencing at the Northwestern line of said Lot 7 at a point that is 85.5 feet Southwesterly from the Northwest corner of said Lot, the same being the Southwesterly point of Tract sold to Elmer E. Dennis et ux under real estate contract dated February 15, 1965 and recorded March 1, 1965, in the office of the Auditor of Skagit County, Washington, under Auditor's File No. 662697; thence Southwesterly along the Northwestern line of Lot 7 100 feet; thence at right angles to the Northwestern line of Lot 7 Southeasterly to the Southeasterly line of said Lot; thence Northeasterly along the Southeasterly line of Lot 7 100 feet to the Southeast corner of the aforementioned Dennis Tract; thence Northwesterly at right angles along the Southwesterly line of the Dennis Tract to the Point of Beginning;

TOGETHER WITH that portion of the Southeasterly 20 feet of Lot 6 of said plat adjoining the above described tract and lying between the extended Southwesterly and Northeasterly lines thereof.

PARCEL "B":

An undivided 1/8th interest in the following described premises:

The Northwestern 20 feet of Tract 8 in "ANACO BEACH", as per plat recorded in Volume 5 of Plats, page 4, records of Skagit County, Washington;

ALSO that portion of the following described tidelands which adjoin Lot 7 and the Northwestern 20 feet of Lot 8 of said ANACO BEACH:

That portion of Tracts 2 and 3, Plate 3, ANACORTES TIDELANDS, lying in front of Government Lot 3, Section 27, Township 35 North, Range 1 East, W.M., as shown on the official map on file in the office of the Commissioner of Public Lands in Olympia, Washington, described as follows:

Beginning at a point on the Northeasterly side of said Tract 3, which point is also the most Westerly point of Lot 6 of ANACO BEACH; thence run Southwesterly to a point on the Southwesterly side of said Tract 2, also the inner harbor line, which is North 29° 23' 45" West 140.56 feet from the intersection of said inner harbor line with the East line of said Tract 2; thence South 29° 23' 45" East along said inner harbor line 95.08 feet; thence Northeasterly to a point on the Northeasterly side of said Tract 3 which is North 52° 33' West 40.02 feet from the most Southerly corner of said Lot 8 of said ANACO BEACH; thence North 52° 33' West 140.07 feet to said Point of Beginning.



200002230012

Kathy Hill, Skagit County Auditor

2/23/2000 Page 3 of 3 9:22:37AM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **685-08**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Kathryn Elizabeth Boeholt				2. Death Date 08/04/2008	
3. Sex (M/F) Female	4a. Age - Last Birthday 42	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) WA	9. Decedent's Education High School		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No				11. Decedent's Race(s) White	
12. Was Decedent ever in U.S. Armed Forces? No					
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 4607 Anaco Beach Rd				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98221
14. Estimated length of time at residence. 8 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Randal Ray Boeholt	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Bank Teller				18. Kind of Business/Industry (Do not use Company Name) Finance/Banking	
19. Father's Name (First, Middle, Last, Suffix) Lawrence M. Katsel				20. Mother's Name Before First Marriage (First, Middle, Last) Virginia R. [REDACTED]	
21. Informant's Name Randal Boeholt		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 4607 Anaco Beach Rd Anacortes, WA 98221	
24. Place of Death: If Death Occurred in a Hospital Decedent's Home					
25. Facility Name (If not a facility, give number & street or location) 4607 Anaco Beach Rd				26a. City, Town, or Location of Death Anacortes	
26b. State WA				27. Zip Code 98221	
28. Method of Disposition Cremation				29. Place of Final Disposition (name of cemetery, crematory, other place) Neptune Society Cremation Services	
30. Location-City/Town, and State Kent, WA					
31. Name and Complete Address of Funeral Facility Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036				32. Date of Disposition 08/11/2008	
33. Funeral Director Signature X <i>Joe Henry Koon</i>					

Part 1 completed by Funeral Director

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. Breast Cancer Interval between Onset & Death 18 months					
Due to (or as a consequence of): Interval between Onset & Death					
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. Interval between Onset & Death					
Due to (or as a consequence of): Interval between Onset & Death					
c. Interval between Onset & Death					
Due to (or as a consequence of): Interval between Onset & Death					
d. Interval between Onset & Death					
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 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"/> Pregnant at time of 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street Apt No. City or Town County State Zip Code + 4					
46. Describe how injury occurred <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
47. If transportation injury, specify					
48a. Certifying Physician - On the basis of the knowledge, skill, and experience acquired by the date, date, and place of death, I certify that the cause of death is as stated on this certificate. X Theodore Km, MD					
48b. Medical Examiner/Coroner - On the basis of the knowledge, skill, and experience acquired by the date, date, and place of death, I certify that the cause of death is as stated on this certificate. X					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Theodore Km Island Hospital 2511 m Ave Suite G, Anacortes, WA 98221					
50. Hour of Death (24hrs) 2330					
51. Name and Title of Attending Physician if other than Certifier (Type or Print) 08/10/2008					
52. Date Signed (mm/dd/yyyy)					
53. Title of Certifier DO		54. License Number 0700002076		55. ME/Coroner File Number MTA-352	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature X Cornie Anderson				58. Date Received (mm/dd/yyyy) AUG 11 2008	
59. Amendments					

Part 2 completed by Certifier



DOHCHS 063 Rev 2/05/2004

DOH 01-003 (5/99)

Affidavit for Correction

Official Use Only
 Form 1-1-2007
 Copyright 2007 by Skagit County Health Department
 All Rights Reserved

This is a legal document. Please read it carefully.
 STATE OFFICE USE ONLY

State File Number: _____ File Number: _____ Initials: _____ Affidavit Number: _____

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name of Person: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Person's Full Name: (For Birth, Husband for Marriage or Dissolution) 5. Marriage's Full Name: (For Birth, Wife for Marriage or Dissolution)

The Record is incorrect or incomplete as follows:
 6. The Record shows: _____ 7. The fact is: _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Telephone Number: _____
☐ Funeral Director ☐ Other (Specify): _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be substantiated by documentary proof submitted with the affidavit.

Examples of documentary proof: Certificate of Naturalization, Medical Records, Hospital Records, Insurance Records, Marriage/Divorce Records, Military Records, Birth Records, Passport, School Record, Voter's Registration Card (if it bears an official date), Alien Registration Card (front and back)

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction until their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form BCR/CHS 391)

Death Certificates:

- Only the informant, the funeral director or executor/administrators (if evidence non-vital death certificate is requested) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

001-CHS 625 (Rev. 9/2007)

CERTIFIED

AUG 14 2008

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

QQ00158880