

**Skagit County Auditor** 

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9/22/2016 Page

1 of

3 3:15PM

When Recorded, Return To: Gregorek and Associates, PLLC 10604 NE 38 Place, #225 Kirkland, WA 98033-7931

### **AFFIDAVIT OF LACK OF PROBATE**

Donald C. Ebey, affiant being first duly sworn, deposes and says:

I am a rightful heir, as listed on heirs at law, to the real property described below, and is surviving spouse of Mary E. Ebey, who died on August 4, 2015 at Concrete, Skagit County, Washington.

I am the sole and rightful heir to the real property described below.

# REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Legal Description: Lot 1 of Skagit County Short Plat No. PL-05-0413, as approved December 15, 2005 and recorded December 22/2005, under Auditor's File No. 200512220107, records of Skagit County, Washington; being a portion of the Southeast ¼ of the Northwest ¼ of Section 11. Township 35 North, Range 7 East, W.M.

Situate in the County of Skagit, State of Washington.

Affiant hereby identifies all heirs at law of the decedent.

) ss.

Assessor's Property Tax Parcel / Account Number: P123679

	Decedent left no Last Will and Testament.  Decedent left a Last Will and Testament when the stament with the	nich HAS	NOT been	Probated o	r Revoked.	
inclu	RS AT LAW: udes surviving spouse, children, adopted childrer hers and sisters of the decedent.	ı, isşüe di	predeceased	l child or add	opted child, par	ε

NAME	AGE		_RELATIONSHIP
Donald C. Ebey	Majority		Spouse
Donald C. Ebey, Jr.	Majority		Son
Vince W. Ebey	Majority		Son
Dated: September 12, 2016	D	onald - El	ey
	Dor	nald C. Ebey	
STATE OF WASHINGTON	)		

On this day, September 12, 2016, I certify that I know or have satisfactory evidence that Donald C. Ebey is the person who appeared before me, and Donald C. Ebey acknowledged that he signed this affidavit and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this affidavit.

Witness my hand and official seal

MELISSA B. ALBERT **NOTARY PUBLIC** STATE OF WASHINGTON My Commission Expires April 28, 2020

COUNTY OF KING

Notary Public for the State of Washington Printed Name: McUSSa

Residing at: Kenton. My commission expires:

# CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-021843

DATE ISSUED: 08/10/2015

FEE NUMBER: 0000000029

GIVEN NAMES: MARY E LAST NAME: EBEY

COUNTY OF DEATH: SKAGIT DATE OF DEATH: AUGUST 04,2015

SEX: FEMALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: BIRTHPLACE: NOT CLASSIFIABLE

MARITAL STATUS: MARRIED

SPOUSE: DONALD C. EBEY

OCCUPATION: UNKNOWN INDUSTRY: UNKNOWN EDUCATION: UNKNOWN US ARMED FORCES? NO

INFORMANT: DONALD C. EBEY

RELATIONSHIP: SPOUSE

ADDRESS: 40377 CHALLENGER ROAD, CONCRETE, WA 98237

CAUSE OF DEATH:

A. ISCHEMIC CARDIOMYOPATHY

INTERVAL: YEARS

B. CONGESTIVE HEART FAILURE, CHRONIC, SYSTOLIC INTERVAL: YEARS

C. SEVERE PERIPHERAL VASCULAR DISEASE

INTERVAL: YEARS D. CORONARY ARTERY DISEASE

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

ANEMIA OF UNCLEAR ETIOLOGY, ABOVE KNEE AMPUTATION DUE TO PERIPHERAL VASCULAR DISEASE

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: HOME

FACILITY OR ADDRESS: 40377 CHALLENGER ROAD CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 40377 CHALLENGER ROAD CITY, STATE, ZIP: CONCRETE, WASHINGTON 982379403

INSIDE CITY LIMITS? YES

COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: UNKNOWN

FATHER: UNKNOWN MOTHER: UNKNOWN

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: LIFE LEGACY FOUNDATION

CITY, STATE: TUCSON, AZ DISPOSITION DATE: AUGUST 07,2015

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

ADDRESS: 6942 S. 196TH ST. CITY, STATE, ZIP: KENT WA 98032

FUNERAL DIRECTOR: KATRINA M. MITCHELL

MANNER OF DEATH: NATURAL

AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF BEATH? NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH! YES PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LISA IVANJACK

TITLE: PHYSICIAN

CFRTIFIFR

ADDRESS: 1909 214TH STREET SE, SUITE 300

CITY, STATE, ZIP: BOTHELL WA 98102 DATE SIGNED: AUGUST 06,2015

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: AUGUST 07,2015



# **Affidavit for Correction**

Mail to: Center for Health Statistics

P.O. Box 47814

	<b>M</b> Health	This is a le	gal <mark>docu</mark> r	nent. Com	plete in ink and o	do not alte	r.	Olympia, WA 98504 360-236-4300	-7814
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N.	Nancolf Act					2. Date of E		3. Place of Event:	:
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Required	P. Pather/Parant Full Similar	e (Spouse A for	Marriage o	r Dissolution)	5. Mother/Parent Fu	ali Birth Name	(Spouse B f	or Marriage or Dissol	ution)
	6. Name of the soft Courseling.	eorgetion:		Relationship Person on R	to ☐ Self ecord: ☐ Parent(s)	☐ Guardia ☐ Funeral		Informant [ Other (specify)	] Hospital
7. Ro	styrn Nailing Adoress:								
Celap (	ohans Number:		<u> </u>		Email Address:				
	Use the section belo	w for request	ing any c	hanges on t	ne record. The rec	cord is inco	rrect or inc	omplete as follov	vs:
	The reco	rd now shows			<u> </u>		The true fact	is:	
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1	l declare under per	alty of perjury	y under th	e laws of th	e State of Washin	gton that th	ne forgoing	is true and corre	ct
iiins	3ig raturer		And the second	S/I	165. Signature of 2	™ parent (if re	quired):		
Prote	edinacie.		Dat		nnted name:			Date:	
[			_   .	47.22	i		<u></u> _		
)·	Parisonale	INS	TRUCTION	15 _ go <u>to ww</u> y	v.doh wa.gov for mod I decorative birth ce	e information	nat ha usad :	se proof	
Dem	irod documentary pinof must be	artense, <b>Social</b> signified with	the affidavit	and invitible to	il name and birth dat	e Examples	of documenta	ry proof include:	
	inh/Markage/D.vorce rocord	∗ ivlilitary r		36 3c	School transcripts			y Numident Report	
• C	ertificate of Naturalization	<ul> <li>Hospital/</li> </ul>	•	*	• Passport			nent Resident card (	J-551)
Bird	r Certificales								
11. C	irdy a parent(s. Togal guardian ( The proof(s) mass match the as	it the coild is und	ier 18), or t	ne named indr Lifthe affidavit	/Numi (n. 18 of older) i eave the etime choul	may change t ld be Mary Ar	ne pinn centi in Doe, the or	cate not must show the ox	ame in he Mar
	на ргоода, глава огашт те ас гля Doe	satificity (anita) in	or example.	IL II IC SHINGAN	says res rame arroun	id be mary Ar	in Doc, ine pr	oor mast orlow the m	and to be war
	Cocumentary proor must be five	or more years o	ld or establi	shed within fiv	e years of birth				
	<u>under 18</u>				Adult (18 years or				
	If legal guardian(s), include cert de le age one l'astiname can b	lified court order	proving gua	irdianship	Only the adult of	an ghange hi	s or her birth :	certificate	an unroof oro
	do to age one lest name can b pertificate (can be any combina	e charged once ting of the first in	ro either pa niddle or las	irents ⊹iame o: 3 names)*	equired	Jac James.	imssing, unee	hieces or document	ary proor are
	After age one, a court order is r					e and/or last	ลูลme is miss	pelled, or date of birt	h is incorrect,
	No proof is required to change t				two pieces of d				
	To correct parent's information.				· ·	nt's birth date	, place of birt	n, or name, one docu	imentary proof
i	To current the sex of the child.	one documentar	y proof from	a medica!	is required	Name of the last o			
:	grovicer is east fred The mange any band of me has a of	a onde using this fo	ern, signatus	es from both pa	arents listed on the cer	rtificate are rec	quired a one p	arent is deceased, subr	mit a death
	NOT A LESS TO THE STATE OF LIGHT					1.1	and the second		
n Desiri	fire affinevit of th Continuous	annor be used	ro auo a fa	nier io a nirth	certificate (use pate	errity acknow	wiedalliencii	MI DON 422-0321	
1.	Only the infraresm, the funeral	director, or exec	utors/admir	istrators (if evi	dance confirming suc	ch position is	presented) m	ay change the non-n	nedical
	information. Proof is required to	make changes	if requested	i by a family m	rember not listed as t	the informant	on the certific	ate (family members	are spouse o
	registered domestic partner, pathromant is requesting the cha		aut chila o:	stepchild). Ma	ental status requires a	а селтней сор	by of a court of	mer a someone other	er man me
2	The manical information (cause	iga. e of death) may t	no changed	anly by the ce	rtifying physician or t	the coroner/m	edical exami	fer.	

Marriaga/Dissolution (Divorce) Certificates

1. Possonal tects that or place of marriages in hame, 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) be clerk of court (dissolution) must complete and submit the affidavit

AUG 1 0 2015

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