

Filed for Record at the Request of:



Skagit County Auditor 9/29/2016 Page 1 of 3 3:26PM \$75.00

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

AFFIDAVIT (LACK OF PROBATE)

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

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

I, WALTER B. OLSON, the surviving spouse of ORA K. OLSON, Deceased, affirm that I am the sole and rightful heir to the real property situated in Skagit County, Washington described as:

Lots 17 and 18, Block 83, MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON, as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County;

Assessor's Tax/Parcel No. 3772-083-020-0010 / P55467

- 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 29 day of September, 2016, at Anacortes, Washington. SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

[Signature]
(Signature of surviving spouse or registered domestic partner)

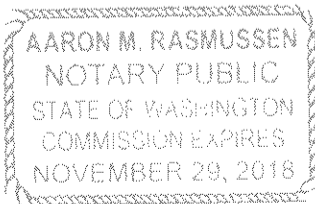
[Signature]
SEP 29 2016
Amount Paid \$
Skagit Co. Treasurer
By [Signature] Deputy

WALTER B. OLSON
(Printed name of surviving spouse or registered domestic partner)

1210 - 16th Street Anacortes Washington 98221
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

On this day personally appeared before me WALTER B. OLSON, 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 29 day of September, 2016.



[Signature]
Notary Public in and for the State of Washington,
residing at Anacortes.
My appointment expires 11-29-18

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **12500**

Washington State Certificate of Death

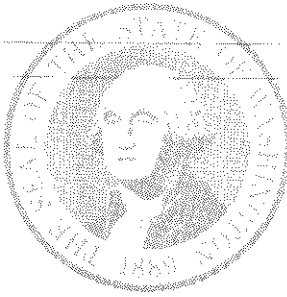
State File Number

1. Legal Name (Include Any Suffix) First Middle LAST Suffix Ora Kay OLSON				2. Death Date [REDACTED]	
3. Sex (M/F) F	4a. Age - Last Birthday 85	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate Dec 19, 1922		8a. Birthplace (City, Town, or County) Castleford	8b. (State or Foreign Country) Idaho	9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence Number and Street (or, 624 SE 5 th St.) (Include Apt. No.) 1210 - 16th Street				13b. City or Town Anacortes	
13c. Residence, County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 37 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Walter Bernard Olson	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use RETIRED.) Hair Stylist			18. Kind of Business/Industry (Do not use Company Name) Beauty Parlor		
19. Father's Name (First Middle Last Suffix) Albert Garfield Shoemaker			20. Mother's Name Before First Marriage (First Middle Last) Nora Ellen [REDACTED]		
21. Informant's Name Walter Bernard Olson		22. Relationship to Decedent Husband		23. Mailing Address (Street and Room or RFD No. City or Town State Zip 1210 - 16th Street Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street location) 1210 - 16th Street				26a. City, Town, or Location of Death Anacortes	26b. State WA
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location, City, Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 4105 32nd St. Anacortes, WA 98221-				32. Date of Disposition Feb 10, 2008	
33. Funeral Director Signature X <i>Joseph J. Wahan</i>					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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. <u>unspecified natural causes</u>						Interval between Cause & Death 1 week
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						Interval between Onset & Death
b. [REDACTED]						Interval between Onset & Death
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) Diabetes, high blood pressure, stroke, dementia, etc.						
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Underreport <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <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		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41. Date of Injury (mm/dd/yyyy)			42. Hour of injury (hh:mm)		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, workplace)			44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury (Number & Street)			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)			48. Medical Examiner/Coroner			
48a. Certifying Physician X Oliver L. Stalsbrotan M.D.			48b. Medical Examiner/Coroner X Oliver L. Stalsbrotan M.D.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Oliver L. Stalsbrotan M.D. 2511 M Avenue Suite B, Anacortes, WA 98221			50. Hour of Death (hh:mm) 09:15 AM			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) 02/08/2008			
53. Title of Certifier MD		54. License Number MD00018028		55. ME/Coroner File Number NJA #053		
57. Registrar Signature X Loanne Anderson, Deputy			56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		58. Date Received FEB - 8 2008	
59. Amendments						



DOH-01-003 (5/99)

Affidavit for Correction

State of Washington
Department of Social & Health Services
2000 4th Avenue, North
Seattle, WA 98107

This is a legal Document. Complete in ink and do not alter.
STATE OFFICE USE ONLY

Name of Record: _____ Date of Birth: _____ Date: _____ Affidavit Number: _____

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

Record Type: Birth, Death, Marriage, Dissolution
1. Name on record, 2. Date of Event, 3. Place of Event (City or County):

4. Father's Full Name (For Birth) or Grandfather (For Marriage or Dissolution), 5. Mother's Full Name (For Birth) (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:
6. The Record now shows _____, 7. The True 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 changes must be established by documentary proof submitted with the affidavit.
Examples of acceptable documentary proof include: Birth Certificate, Marriage License, Divorce Decree, Court Order, Hospital Discharge Summary, Death Certificate, etc.

This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form DOH CHS 021)

This affidavit cannot be used to add a mother to a birth certificate. (Use the maternity affidavit form DOH CHS 022)

This affidavit cannot be used to add a spouse to a marriage license. (Use the marriage affidavit form DOH CHS 023)

CERTIFIED
FEB 12 2008

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

PP00198974