



201701040002

Skagit County Auditor

\$78.00

1/4/2017 Page

1 of

6 8:36AM

When Recorded Please Return To:

LAWRENCE A. PIRKLE

PO Box 1788

Mount Vernon WA 98273

(360) 336-6587

DOCUMENT TITLE: Lack of Probate Affidavit with Certificate of Death

REFERENCE NUMBER:

GRANTOR(S): Priscilla J. Haas (Deceased)

GRANTEE(S): Public

LEGAL DESCRIPTION:

Lot 124, Block 2, "Revised May of Survey of Shelter Bay Division 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, Pages 833-838, Records of Skagit County, Washington.

TOGETHER WITH tidelands described as follows: Beginning at the most westerly corner of Lot 124; thence South $39^{\circ}53'15''$ West to the line of mean high tide; thence Easterly along said line of mean high tide to an intersection with a line projected South $4^{\circ}31'07''$ West from the Southeast corner of Lot 124; thence North $4^{\circ}31'07''$ East to said Southeast corner of Lot 124; thence South $81^{\circ}00'00''$ West a distance of 30.00 feet; thence North $67^{\circ}00'00''$ West a distance of 81.53 feet to the point of beginning.

Situate in Skagit County, Washington

ASSESSOR PARCEL NO: 5100-002-124-0000 (P128994)

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT)

ss.

DONALD P. HAAS, being first duly sworn, deposed and says:

1. That the undersigned Affiant is the surviving spouse of PRISCILLA JANICE HAAS, who passed away on March 9, 2004 in Skagit County, State of Washington, then being a legal resident of Mukilteo, Washington. Death Certificate attached as Exhibit A, incorporated herein by this reference.

2. The real property is commonly known as 124 Lummi Circle, LaConner, Washington 98257 (Tax Parcel No. 5100-002-124-0000 (P128994)) and legally described as follows:

Lot 124, Block 2, "Revised Map of Survey of Shelter Bay Division 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, Pages 833-838, Records of Skagit County, Washington.

TOGETHER WITH tidelands described as follows: Beginning at the most westerly corner of Lot 124; thence South 39°53'15" West to the line of mean high tide; thence Easterly along said line of mean high tide to an intersection with a line projected South 4°31'07" West from the Southeast corner of Lot 124; thence North 4°31'07" East to said Southeast corner of Lot 124; thence South 81°00'00" West a distance of 30.00 feet; thence North 67°00'00" West a distance of 81.53 feet to the point of beginning. Situate in Skagit County, Washington

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:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
DONALD P. HAAS 124 Lummi Circle LaConner, WA 98257	Spouse	Legal
HEIDI B. McINTOSH 6090 Clubhouse Lane Mukilteo, WA 98275	Daughter	Legal
ANDREW C. HAAS 821 Dock Street Tacoma, WA 98402	Son	Legal

JILL A. HAAS
1111 Archwood Dr. SW, Unit 240
Olympia, WA 98502

Daughter

Legal

CYNTHIA L. CHENEY
5820 Cypress Street, Unit #1
Fort Bragg, CA 95437

Daughter

Legal

SUSAN E. SIPLE
(Deceased)

Daughter

n/a

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.


6. The decedent 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 \$ n/a. The value of all separate property of decedent was approximately \$ n/a. The combined assets of the decedent and PRISCILLA JANICE HAAS were under the State of Washington and Federal Estate Tax amount to require any Estate tax returns to be filed.

8. I, DONALD P. HAAS, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to RCW 82.45.197 (1)(f).

DATED the 3rd day of January, 2017.

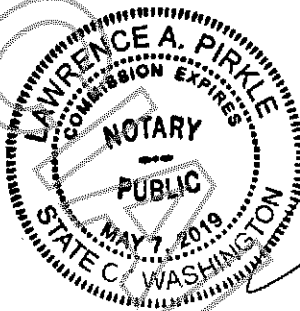


DONALD P. HAAS

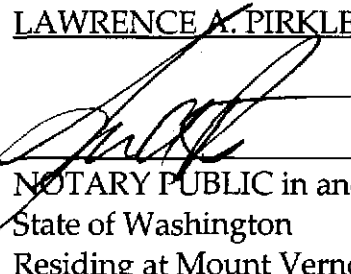
STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that DONALD P. HAAS is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED the 3rd day of January, 2017.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My appointment expires: 5/7/19

STATE OF WASHINGTON DEPARTMENT OF HEALTH

638

Local File Number <i>M</i>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's, if any)		First Middle LAST		2. Death Date	
Priscilla Janice Haas				March 9, 2004	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Decedent's Education	
Female	73	Months Days	Hours Minutes	Associate Degree, RN	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	6. County of Death		
	Pasadena	CA	Snohomish		
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?	
No		White		No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)				13b. City or Town	
5600 Harbour Pointe Blvd #2-107				Mukilteo	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4
Snohomish				WA	98275
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)	
23 Years		Married		Donald P. Haas	
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)	
Homemaker				Own Home	
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)	
Harold Judson Martin				Leatrice	
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip	
Donald P. Haas		Husband		5600 Harbour Pointe Blvd #2-107, Mukilteo, WA 98275	
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street)	
Inpatient				Providence Everett Medical Center/ Colby Campus	
26. City, Town, or Location of Death				26b. State	27. Zip Code
Everett				WA	98201
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Solie Crematory		Everett, WA	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Solie Funeral Home, 3301 Colby Ave., Everett, WA 98201				March 11, 2004	
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. <i>upper GI bleed</i>		Interval between Onset & Death: <i>hours</i>	
		Due to (or as a consequence of):		Interval between Onset & Death: <i>hrs</i>	
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. <i>anemia</i>		Interval between Onset & Death: <i>hrs</i>	
		Due to (or as a consequence of):		Interval between Onset & Death: <i>hrs</i>	
		c. <i>hepatitis C</i>		Interval between Onset & Death: <i>hrs</i>	
		Due to (or as a consequence of):		Interval between Onset & Death: <i>hrs</i>	
		d. <i>had contracted hep C from a blood transfusion 11/26/67</i>			
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?	
		<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"/> Not pregnant within past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<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			
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				46. Describe how injury occurred	
City or Town: County: State: Zip Code + 4:				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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause and manner stated.					
48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)	
Michael Martonick, MD, FACP, 7205 765th St. NW, Stanwood, WA 98292				2238 Hours	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (mm/dd/yyyy)	
				02/10/04	
53. Title of Certifier		54. License Number		55. Was case referred to medical examiner?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>		58. Date Received (mm/dd/yyyy)		59. Record Amendment	
		MAR 10 2004			

DOH 01-003 (12/11)

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 235-4300

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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, Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth, Marriage or Dissolution)
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6. The Record is incorrect or incomplete as follows:	7. The True fact is:
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8.	9.
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10.	11.
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12.	13.
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14. I represent the person as:	15. Informant	16. Telephone Number:
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17. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

18. Signature:	19. Address:
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20. All vital records are registered as received.

21. Most changes must be established by documentary proof submitted with the affidavit.

22. Examples of documentary proof:	23. Certificate of Naturalization	24. Marriage Report (State Social Security Administration)	25. School Transcripts (Official)
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26. Hospital/Medical Record	27. Military Record (DD-214)	28. Voter's Registration Card (if it bears an effective date)
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29. Life Insurance Policy	30. Birth Record	31. Alien Registration Card (front and back)
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32. Marriage/Divorce Record	33. Passport	34. We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.
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35. Birth Certificates:

36. 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.

37. 2. 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.

38. 3. Child (under 18):

39. Only parent(s) or legal guardian can change the birth certificate.

40. Guardian must submit certified court order giving them authority to act on behalf of child(ren).

41. Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.

42. Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.

43. To correct birth date, place of birth or parent's information, one documentary proof is required.

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

45. Death Certificates:

46. 1. Only the informant, the funeral director or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.

47. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

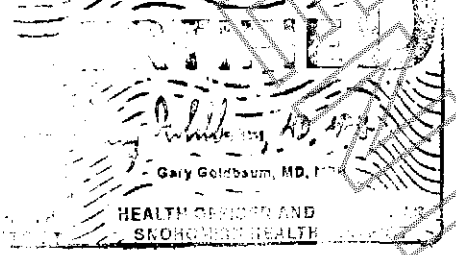
48. 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

49. Marriage/Dissolution (Divorce) Certificates:

50. 1. Personal fact(s) (marrying changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.

51. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012



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