



201701060078

Skagit County Auditor

\$78.00

1/6/2017 Page

1 of

6 3:22PM

Return Address:

Ken LaMarche

PO Box 56

Skull Valley, AZ 86338

**AFFIDAVIT (LACK OF PROBATE)** Land Title and Escrow

William Hogue  
Notary

61-160495-0E

, being first duly sworn, deposes and says:

The undersigned affiant/grantee Barbara LaMarche is a rightful heir, as listed on

Affiant/Grantee

heirs at law, to the real property described below, and is the surviving spouse

Relationship to decedent

of Kenneth LaMarche, who died on 12-4-16

Decedent/Grantor

Date

at Skull Valley Yavapai AZ

City

County

State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 474, Shelter Bay Div 3/P129269  
Swinomish Parcel #: S3302020150

Lot 474, "SURVEY OF SHELTER BAY DIV. 3," Tribal and Allotted Lands of Swinomish Indian Reservation, as recorded in Volume 43 of Official Records, pages 839 to 842, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: S3302020150/P129269  
(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)

Barbara LaMarche

wife

Full name, age, relationship, address

Full name, age, relationship, address

Kenneth Ross LaMarche

son

Full name, age, relationship, address

Full name, age, relationship, address

Cindy Fontaine

daughter

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12-16-16

KENNETH ROSS LA MARCHE

Affiant's full name

928-310-8791

Telephone number

PO Box 56

SKULL VALLEY

City

Street  
AZ

State

86338

Zip Code

K. R. LaMarche

Signature

12-16-16

Date

State of \_\_\_\_\_

County of \_\_\_\_\_

I know or have satisfactory evidence that \_\_\_\_\_

(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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Notary Public

(SEAL OR STAMP)

Residing at: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

My appointment expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_


STATE OF Arizona  
COUNTY OF Yavapai } SS:

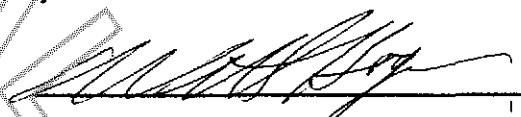
On this 16 day of December before me personally appeared \_\_\_\_\_

Kenneth Ross LaMarche, to me known to be the individual described in and  
who executed the foregoing instrument \_\_\_\_\_ as Attorney in Fact for Barbara LaMarche  
and acknowledged that he signed and

sealed the same as his free and voluntary act and deed as Attorney in Fact for said principal for the uses and  
purposes therein mentioned, and on oath stated that the Power of Attorney authorizing the execution of this  
instrument has not been revoked and that the said principal is now living, and is not incompetent.

Given under my hand and official seal the day and year last above written.

(Seal)  **WILLIAM HOGUE**  
Notary Public - State of Arizona  
YAVAPAI COUNTY  
My Commission Expires  
September 16, 2020

  
Notary Public in and for the State of ARIZONA  
Residing at 1335 Gail Gardner Way Prescott AZ  
My appointment expires: 9/16/2020 *84365*

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-049396

DATE ISSUED: 12/08/2016

FEE NUMBER: 1512081614

GIVEN NAMES: KENNETH RAY  
LAST NAME: LA MARCHE  
AKA: KENNETH RAY LAMARCHE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 04, 2016  
HOUR OF DEATH: 10:45 P.M.  
SEX: MALE  
AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SPOKANE, SPOKANE CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: BARBARA JEAN ELLIOTT

OCCUPATION: INSPECTOR  
INDUSTRY: AEROSPACE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: KENNETH LA MARCHE  
RELATIONSHIP: SON  
ADDRESS: P.O. BOX 56, SKULL VALLEY, AZ 86338

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 204 N 1ST STREET  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER/PARENT: RAYMOND JOSEPH LA MARCHE  
MOTHER/PARENT: ALZINA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: WALLIN FUNERAL HOME & CREMATIO  
CITY, STATE: OAK HARBOR, WA  
DISPOSITION DATE: DECEMBER 09, 2016

FUNERAL FACILITY: WALLIN FUNERAL HOME & CREMATION, LLC  
ADDRESS: 1811 NE 16TH AVE WA  
CITY, STATE, ZIP: OAK HARBOR WA 98277  
FUNERAL DIRECTOR: JEROME BARBER

- CAUSE OF DEATH:
- A. ALZHEIMER'S DEMENTIA  
INTERVAL: YEARS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ORTHOSTATIC HYPOTENSION, DIABETES MELLITUS TYPE 2, AND RECENT LEFT HIP FRACTURE

DATE OF INJURY: SEPTEMBER 29, 2016  
HOUR OF INJURY: 01:00 P.M. PRESUMED  
INJURY AT WORK? NO  
PLACE OF INJURY: MIRA VISTA CARE CENTER  
LOCATION OF INJURY: 300 SOUTH 18TH STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED:  
GROUND LEVEL FALL

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: HAYLEY THOMPSON  
TITLE: CORONER  
ME/CORONER  
ADDRESS: 116 S. 11TH ST  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: DECEMBER 06, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE  
NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 192-16  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: DECEMBER 07, 2016

# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236 4300

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

## STATE OFFICE USE ONLY

Event/Action Initials Date Affidavit Number

Unaltered information must match current information on record

Death  Marriage  Dissolution (Divorce)  
Date of Event: Place of Event:

Relationship to Person on Record:  Self  Guardian  Informant  Hospital  
 Parents  Financial Director  Other (specify)

Email Address:

State the correction below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:

The true fact is:

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

16b. Signature of 2<sup>nd</sup> parent (if required)

Date:

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

Request for change must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth certificate (original)
- Military records (DD-214)
- School transcripts
- Social Security Numident Report
- Driver's license (original)
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

For non-medical certificates, the name of the named individual (if 18 or older) may change the birth certificate. If the name should be Mary Ann Duo, the proof must show the name to be Mary Ann Duo.

For medical certificates, the name may only be changed if established with five years of birth.

Adult (18 years or older)

- Copy of medical card can change his or her birth certificate
- If the first, 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 personal birth date, place of birth, or name, one documentary proof is required

For medical certificates, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate.

For non-medical certificates, Affidavits cannot be used to add a father to a birth certificate (true paternity award/adjudgment form DOH 422-032)

For non-medical certificates, an attorney or executor/administrator (if evidence confirming such position is presented) may change the non-medical certificate. Changes may be requested by a family member not listed on the birth certificate (family members are spouse or parent, sibling, adult child or stepchild). Maternal status requires a certified copy of a court order if someone other than the mother is requesting the change.

For medical certificates, the place of birth may be changed only by the certifying physician or the coroner/medical examiner.

For non-medical certificates, the date of birth or residence may be changed by the person with one piece of documentary proof.

For non-medical certificates, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

# \*CERTIFIED\*

DEC 08 2016

J. Brad Thomas, M.D., Health Officer  
Island County Health Dept.

DD00380540