



201701310073

Skagit County Auditor
1/31/2017 Page

1 of 6 1:58PM \$111.00

Return Address:

Stephen C. Schutt
P.O. Box 1032
Anacortes, WA 98221

CHICAGO TITLE
620029744

AFFIDAVIT (LACK OF PROBATE)

and Death Certificate

STEPHEN C. SCHUTT

Notary

, being first duly sworn, deposes and says:

The undersigned affiant/grantee BRUCE AALMO AS Personal Rep for John AALMO is a rightful heir, as listed on

Affiant/Grantee

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

Relationship to decedent

of LOIS BURNICE AALMO, who died on 10-27-2009

Decedent/Grantor

Date

at ANACORTES

City

SKAGIT

County

WASHINGTON

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 7 SKYLINE NO. 6SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX2017404
JAN 31 2017Amount Paid \$0
Skagit Co. Treasurer
By mem Deputy

Assessor's Property Tax Parcel/Account Number: P59394 / 3822-000-007-0003
(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 4)

BRUCE AALMO, ADULT, SON, 22607 40TH DRIVE NE, ARLINGTON, WA

98223

Full name, age, relationship, address

LEANNE AALMO, ADULT, DAUGHTER, P.O. BOX 535, GRIZZLY FLATS,

CA 95636

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: January 30, 2017

BRUCE AALMO

Affiant's full name

(360) 435-9793

Telephone number

22607 40TH DRIVE NE

ARLINGTON

City

Street

WA

State

98223

Zip Code

Bruce Aalmo

Signature

1-30-17

Date

State of WASHINGTON

County of SKAGIT

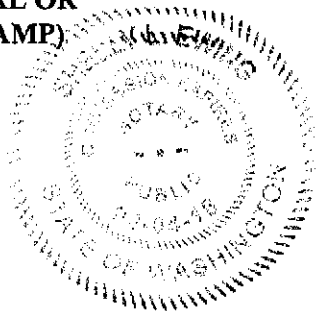
I know or have satisfactory evidence that BRUCE AALMO

(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: 01/30/17

(SEAL OR
STAMP)



Shelly A. Ewing

Signature of Notary Public

Residing at: ANACORTES

Notary Public in and for the State of WA

My appointment expires: 02/2018

FULL LEGAL - P59394 / 3822-000-007-0003

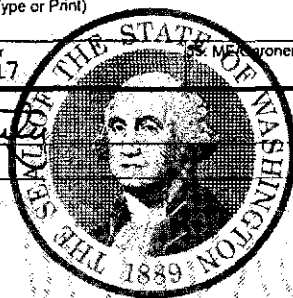
Lot 7, SKYLINE NO. 6, according to the plat thereof, recorded in
Volume 9 of Plats, pages 64 through 67A, records of Skagit County,
Washington.

Situated in Skagit County, Washington

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 905-09		Washington State Certificate of Death		State File Number 9 69248	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Lois Eunice AALMO		2. Death Date Oct 27, 2009			
3. Sex (M/F) Female	4a. Age - Last Birthday 67	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Spear	8b. (State or Foreign Country) North Carolina		9. Decedent's Education Tenth Grade	
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 (e.g., 524 SE 5 th St.) (Include Apt. No.) 7164 San Juan Hill Lane			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
14. Estimated length of time at residence 11 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) John Aalmo	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Retail Clerk			18. Kind of Business/Industry (Do not use Company Name) Grocery Store		
19. Father's Name (First, Middle, Last, Suffix) Fred Dellinger			20. Mother's Name (First, Middle, Last) Mary [REDACTED]		
21. Informant's Name John Aalmo		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No City or Town State Zip 7164 San Juan Hill Road Anacortes, WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) Island Hospital		26a. City, Town, or Location of Death Anacortes		26b. State WA	27. Zip Code 98221
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Forest Park Cemetery		30. Location-City/Town, and State Concrete, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel Inc, 1008 Third Street Sedro-Woolley, WA 98284					32. Date of Disposition October 31, 2009
33. Funeral Director Signature <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. Sepsis		Interval between Onset & Death 3 days	
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. liver cirrhosis		Interval between Onset & Death	
c. liver cirrhosis		Interval between Onset & Death	
d. liver cirrhosis		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			
36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
42. Date of Injury (MM/DD/YYYY)	43. Hour of Injury (24hrs)	44. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
45. Location of Injury: Number & Street 9		46. Describe how injury occurred	
47. City or Town: _____ County: _____ State: _____ Zip Code + 4: _____		48. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
49. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated Allen H. Horesh, MD		50. 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.	
51. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Allen H. Horesh, 2511 - M Avenue, Suite C, Anacortes, WA 98221		52. Hour of Death (24hrs) 2020 PM	
53. Name and Title of Attending Physician if other than Certifier (Type or Print)		54. Date Signed (MM/DD/YYYY) 10/28/2009	
55. Title of Certifier Physician		56. License Number MD00037517	
57. Registrar Signature <i>[Signature]</i>		58. Date Received (MM/DD/YYYY) OCT 29 2009	
59. Amendments			



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (10/15)



Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record:	2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
	7. Return Mailing Address:		
Telephone Number: ()		Email Address:	

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

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

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

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or 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 parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). **The informant may change marital status with proof.** Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, 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 (minister) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



GG00184634