



201702070063

Skagit County Auditor

\$79.00

2/7/2017 Page

1 of

7 1:51PM

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 21219 Plaza Drive, Sedro-Woolley, WA 98284
Legal: PANORAMA VIEW LOTS LOT 2 BLK 1 DK 12
Tax Parcel # 3965-001-002-0003 / P67755

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiants, JAMES VLAHOVICH, JR. AND PAUL VLAHOVICH, executes this affidavit relating to the estate of JAMES VLAHOVICH AND JOAN VLAHOVICH, the Decedents. James Vlahovich died on November 12, 2016 and Joan Vlahovich died November 22, 2015, in the County of Skagit, State of Washington, then being residents of the County of Skagit, State of Washington. A copy of the death certificates are attached hereto.

JAMES VLAHOVICH, JR. AND PAUL VLAHOVICH, being first duly sworn, depose and say:

1. This affidavits are to be recorded as an affirmation of facts showing that the affiants are the rightful heirs to the property described below.

Relationship of the Affiants to the Decedent

2. The affiants are (check one):

- ☐ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☒ Surviving child of the Decedent
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
☐ Other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
James F. Vlahovich, Jr. 2305 N. Trumpeter Dr. Mount Vernon, WA 98273	Legal	Son
Paul Vlahovich 10161 Cummings Drive Sedro-Woolley, WA 98284	Legal	Son

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

Lot 2, Block 1, "Lemm's Plot of Panorama View Lots", according to the plat recorded in volume 7 of plats, page 39, records of Skagit County, Washington.

Situated in Skagit County, Washington.

5. Status of the Will (if any)

- ☐ The decedent left no Will that devises real property.
- ☒ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedents died having left a Last Will and Testament, dated August 1, 1985. The Will devises and states that:

Article II. If my said wife does not survive me or if we should die at the same time or approximately the same time as the result of a common accident or otherwise then I give, devise and bequeath all of my said property and estate in equal shares unto our beloved children, namely: Paul Vlahovich and James F. Vlahovich, Jr.

DATED: 2/1, 2017

James Vlahovich, Jr.
James Vlahovich, Jr. - Affiant

DATED: 2/1, 2017

Paul Vlahovich
Paul Vlahovich - Affiant

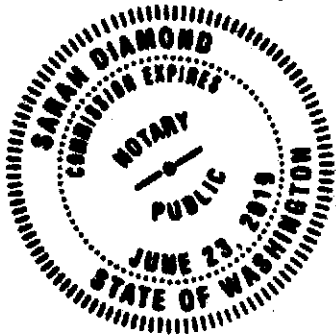
STATE OF WASHINGTON)

) ss.

COUNTY OF SKAGIT)

On this day personally appeared before me **James Vlahovich, Jr. And Paul Vlahovich** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 1 day of Feb., 2017.



Sarah Diamond
Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires 6-23-19

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-045919

DATE ISSUED: 12/22/2016

FEE NUMBER: 0000000029

GIVEN NAMES: JAMES FRANKLIN
LAST NAME: VLAHOVICH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 12, 2016
HOUR OF DEATH: 05:30 A.M.
SEX: MALE
AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: MACHINIST
INDUSTRY: OIL REFINERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: PAUL JAMES VLAHOVICH
RELATIONSHIP: SON
ADDRESS: 10161 CUMMINGS DRIVE, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: WHERE THE HEART IS
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 21219 PLAZA DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 56 YEARS

FATHER/PARENT: MATTHEW VLAHOVICH
MOTHER/PARENT: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: NOVEMBER 15, 2016

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

- CAUSE OF DEATH:
- A. CONGESTIVE HEART FAILURE
INTERVAL: 1 YEAR
 - B. ISCHEMIC CARDIOMYOPATHY
INTERVAL: UNKNOWN
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANEMIA, ZOSTER, URINARY OBSTRUCTION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

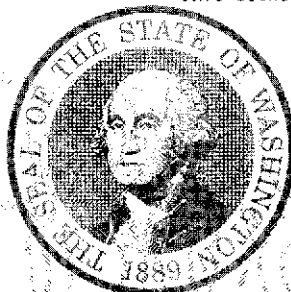
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: NOVEMBER 14, 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: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: NOVEMBER 15, 2016

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
360-236-4330

STATE OFFICE USE ONLY

State File Number: Fee Number: Initials: Date: Affidavit Number:

Required information must match current information on record

Required

Record Type:	☐ Birth	☐ Death	☐ Marriage	☐ 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:	☐ Self	☐ Guardian	☐ Informant
		☐ Parent(s)	☐ Funeral Director	☐ 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 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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-024 October 2015

CERTIFIED

DEC 22 2016

Skagit County Health Department
Howard Lebrand M.D., Health Officer

GG00096933

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-033408

DATE ISSUED: 11/30/2015

FEE NUMBER: 0000000029

GIVEN NAMES: JOAN HELENE
LAST NAME: VLAHOVICH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 22, 2015
HOUR OF DEATH: 09:05 P.M.
SEX: FEMALE
AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: WEST HAVEN, CONNECTICUT

MARITAL STATUS: MARRIED
SPOUSE: JAMES FRANKLIN VLAHOVICH SR

OCCUPATION: CLERK
INDUSTRY: RETAIL SALES
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: JAMES FRANKLIN VLAHOVICH SR
RELATIONSHIP: HUSBAND
ADDRESS: 21219 PLAZA DRIVE, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BIRCHVIEW MEMORY CARE COMMUNITY
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 21219 PLAZA DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 55 YEARS

FATHER: WILLIAM HILL
MOTHER: JULIA [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: BURLINGTON CEMETERY
CITY, STATE: BURLINGTON, WA
DISPOSITION DATE: DECEMBER 05, 2015

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:
A. URINARY TRACT INFECTION
INTERVAL: UNKNOWN
B. PARKINSONS DISEASE
INTERVAL: UNKNOWN
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DEMENTIA, ATRIAL FIBRILLATION

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

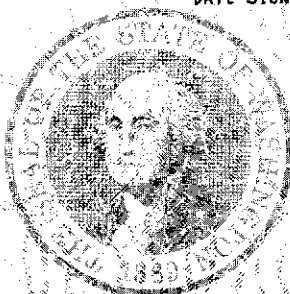
NUMBER(S): NONE
DATE(S): NONE

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

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: NOVEMBER 24, 2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 707
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: NOVEMBER 25, 2015



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

State File Number:	Fee Number:	Initials:	Date:	Affidavit Number:
--------------------	-------------	-----------	-------	-------------------

Required information must match current information on record

1. Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)	2. Date of Event:	3. Place of Event:		
4. Father/Parent Full Birth 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify):	
7. Return Mailing Address:				

Telephone Number:	E-mail Address:
-------------------	-----------------

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

8. The record now shows:	9. The true fact is:
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:	Date:	Printed name:	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 reflect 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 parent's name on certificate (or for 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 using this form, 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). 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 (name, 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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-032 January 2015

CERTIFIED

NOV 30 2015

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

CC00229529