



Skagit County Auditor
3/17/2017 Page

1 of

\$78.00
6:10:44AM

After recording mail to:

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

Address: 216 N. Spruce Street, Burlington, WA
Legal : BURLINGTON LOTS 3-6 ALSO EXC N 76FT TGW N 50FT LTS 7-11 BLK 25 SK 12
TGW S 50 FT LTS 7-9 ALSO EX E 5 FT THOF ALSO EXC 3 7FT W 25FT S 50 FT LOT
10 BLK 25
Tax Parcel # P71456

Address: 423 Fairhaven Street, Burlington, WA
Legal : BURLINGTON LTS 2 THRU 13 TGW VAC ALLEY ADJ BLK 40 DK 12 LESS S 90FT OF
LTS 8 THRU 11
Tax Parcel # P71564

Address:
Legal : BURLINGTON S 90FT LTS 8 THRU 11 BLK 40 DK 12
Tax Parcel # P71565

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, MEI FONG CHINN, executes this affidavit relating to the estate of FRANK CHINN, the Decedent, who died on May 3, 1988, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

MEI FONG CHINN, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (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):

Full Name	Age	Relationship to Decedent
Mei Fong Chinn	legal	spouse
Wallen L. Chinn	legal	child
Wanda Oye Chinn-Hanson	legal	child
Linda Oye Chinn-Jaderlund	legal	child

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:

P71456 Lots 3, 4, 5 and 6, except the North 76 feet thereof, and the North 50 feet of Lots 7, 8, 9, 10 and 11, Block 25, "Amended Plat of Burlington, Skagit County, Wash.," as per plat recorded in Volume 3 of Plats, page 17, records of Skagit County, Washington.

INCLUDING

The South 50 feet of Lots 7, 8 and 9, and the West 18 feet of the South 50 feet of Lot 10, "AMENDED PLAT OF BURLINGTON", according to Plat recorded in Volume 11 of Plats, page 17, records of Skagit County, Washington, ALL BEING LOCATED IN BLOCK 25 OF SAID PLAT.

P71564 North 10 feet of Lots 8, 9, 10 and 11, and all of Lots 2, 3, 4, 5, 6, 7, 12 and 13, all in Block 40, "Amended Plat of Burlington", according to the plat recorded in Volume 3 of Plats, page 17, records of Skagit County, Washington;

Together with the vacated south half of the alley adjoining said Lots 8, 9 and 10 on the North and Together with the vacated North half of the vacated alley adjoining said Lots 4, 5, 6 and 7 on the South; and together with the vacated alley lying between said Lots 2 and 3 and said Lots 12 and 13.

P71565 Lots 8, 9, 10 and 11, Block 40, "AMENDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 3 of Plats, page 17, records of Skagit County, Washington, EXCEPT the North 10 feet thereof.

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 decedent died having left a Last Will and Testament, dated January 5, 1983. The Will devises and states that:

V. I hereby give, devise and bequeath all the rest, residue and remainder of my estate whether real or personal, and wheresoever situated to my wife, MEI-FONG CHINN.

DATED: March 14, 2017

Mei Fong Chinn
Mei Fong Chinn - Affiant

Wendy R. Friedrichs
Notary Public in and for the State of Washington,
residing at Sedro Woolley, WA
My appointment expires 10-1-19

STATE OF WASHINGTON DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1. NAME—FIRST, MIDDLE, LAST FRANK TOOK CHINN				2. SEX MALE		3. DEATH DATE (Mo., Day, Yr.) MAY 3, 1988		146-8 8 12003 STATE FILE NUMBER	
4. AGE—LAST BIRTH DAY (Yrs.) 66		5. UNDER 1 YEAR MOS. DAYS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr.) [REDACTED]		8. COUNTY OF DEATH SKAGIT			
9. CITY, TOWN OR LOCATION OF DEATH BURLINGTON				10. PLACE OF DEATH—DO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE 216 NORTH SPRUCE				11. BIRTH STATE (If not in USA give country) CHINA	
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		13. SPOUSE (If Wife give Maiden Surname) MEI FONG WONG		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) YES		15. SOCIAL SECURITY NO.		16. HIGH SCHOOL GRADUATE (Yes/No) NO	
17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.) RESTAURATEUR				18. KIND OF BUSINESS OR INDUSTRY RESTAURANT		19. RACE (White, Black, Am. Ind., etc. Specify) CHINESE		20. Was Decedent of Hispanic Origin? (specify Yes or No—if yes, specify) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No (specify)	
21. SMOKING IN LAST 15 YEARS (Yes/No) NO		22. RESIDENCE—NUMBER AND STREET 216 NORTH SPRUCE		23. CITY/TOWN OR LOCATION BURLINGTON		24. INSIDE CITY LIMITS? (Yes/No) YES		25. COUNTY SKAGIT	
26. STATE WA.		27. ZIP CODE 98233							
28. FATHER'S NAME—FIRST, MIDDLE, LAST KONG DOON CHINN				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME (UNK)					
30. INFORMANT—NAME MEI FONG CHINN				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 216 NORTH SPRUCE BURLINGTON, WASHINGTON 98233					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		33. DATE (Mo., Day, Yr.) MAY 9, 1988		34. CEMETERY/CREMATORY—NAME HAWTHORNE LAWN MEMORIAL PARK		35. LOCATION—CITY/TOWN, STATE MOUNT VERNON, WASHINGTON			
36. FUNERAL DIRECTOR SIGNATURE Roger Hulbush		37. NAME OF FACILITY HULBUSH FUNERAL HOME		38. ADDRESS OF FACILITY 221 SOUTH GARL STREET 98233 BURLINGTON, WASHINGTON					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X T. W. Martin Jr. M.D.					43. 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) STATED. SIGNATURE AND TITLE X Frank S. Corbett CORONER				
40. DATE SIGNED (Mo., Day, Yr.) MAY 5, 1988		41. HOUR OF DEATH (24 Hrs.) 1615		44. DATE SIGNED (Mo., Day, Yr.) MAY 10, 1988		45. HOUR OF DEATH (24 Hrs.) 1615			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					46. PRONOUNCED DEAD (Mo., Day, Yr.) MAY 3, 1988		47. HOUR PRONOUNCED DEAD (24 Hrs.) 1650		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) DR. T. W. MARTIN, JR., 1918 HOSPITAL DRIVE, SEDRO-WOOLLEY, WA 98284									
49. PART 1. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.									
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(A) Cardiac arrest						INTERVAL BETWEEN ONSET AND DEATH Sudden	
		(B) atherosclerotic heart disease/congestive failure						INTERVAL BETWEEN ONSET AND DEATH Months	
		(C) adenocarcinoma lung						INTERVAL BETWEEN ONSET AND DEATH Months	
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE						51. AUTOPSY? (Yes, No) NO		52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) YES	
53. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		54. INJURY DATE (Mo., Day, Yr.)		55. HOUR OF INJURY (24 Hrs.)		56. DESCRIBE HOW INJURY OCCURRED			
57. INJURY AT WORK? (Yes/No)		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)		59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE					
60. REGISTRAR SIGNATURE X Betty L. Lalaba								61. DATE RECEIVED (Mo., Day, Yr.) 5-15-88	
62. ITEM		DOCUMENTARY EVIDENCE		REVIEWED BY:		DATE:		63. ITEM	
DOCUMENTARY EVIDENCE		REVIEWED BY:		DATE:		DOCUMENTARY EVIDENCE		REVIEWED BY:	

FOR STATE REGISTRAR USE ONLY



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
Required information must match current information on record				
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"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Hospital		
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 foregoing 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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422 (04/10 October 2015)

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar

Christie Spice

