201703230116
Skagit County Auditor $79.00
3/23/2017 Page 1 of 7 3:50PM

After recording mail to:

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

Address: 1111 Warner Street
Legal : E 1/2 LT 3, ALL LT 4 and W 1/2 LTt 5, BLK 40, FIRST TO SEDRO
Tax Parcel # 4150-040-005-0001 / P75774

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, CHARLES L. RIESLAND, executes this affidavit relating to the estate of DANNY LEROY RIESLAND who died on August 22, 2005 in Whatcom County, Washington, and ANNA MAE RIESLAND who died on December 21, 2016 in Skagit County, Washington, both decedents being residents of the County of Skagit, State of Washington. A copy of their death certificates are attached hereto.

CHARLES L. RIESLAND, 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
Charles L. Riesland 10982 Warfield Road 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:

> The East half of Lot 3, and all of Lots 4 and 5, (except he East 20 feet of said Lot 5), in Block 40, First Addition to the Town of Sedro, in Skagit County, Washington, as per plat recorded in Volume 3 of Plats, page 29, records of Skagit County.

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 did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

> 2(c) If the intestate not be survived by issue or by either parent, then to those issue of the parent or parents who survive the intestate; if they are all in the same degree of kinship to the intestate, they shalle take equally, or, if of unequal degree, then those of more remote degree shall take by representation.

DATED: March 23, 2017

Charles L. Riesland - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Charles L. Riesland** 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 23 day of March, 2017.

JULIE ANN HUERTA
COMMISSION EXPIRES
NOTARY
PUBLIC
DEC. 20, 2018
STATE OF WASHINGTON

Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires 12-20-18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016 052722

DATE ISSUED: 01/20/2017

FEE NUMBER: 0000000029

GIVEN NAMES: ANNA MAE
LAST NAME: RIESLAND

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 21,2016
HOUR OF DEATH: 12:30 P.M.
SEX: FEMALE
AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: BELLINGHAM, WHATCOM CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: LPN
INDUSTRY: MEDICAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

INFORMANT: CHARLES L. RIESLAND
RELATIONSHIP: SON
ADDRESS: 10982 WARFIELD RD. SEDRO WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1111 WARNER STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1111 WARNER STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: ROY HODGSON
MOTHER/PARENT: VIOLET [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: DECEMBER 30,2016

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE
ADDRESS: 3803 132ND PLACE NE
CITY, STATE, ZIP: MARYSVILLE WA 98271
FUNERAL DIRECTOR: SHELLEY K. BARNETT

CAUSE OF DEATH:
A. MALIGNANCY OF UNKNOWN PRIMARY WITH METASTASES TO LUNG AND LIVER
INTERVAL: 7 WEEKS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY,STATE,ZIP: MOUNT VERNON WA 98273
DATE SIGNED: DECEMBER 27,2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: DECEMBER 29,2016

DOH 01-003 (10/15)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE RAISED SEAL.

Affidavit for Correction

Health

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: ☐ 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 ☐ Hospital ☐ 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 foregoing is true and correct

16a. Signature: | 16b. Signature of 2nd 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 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 422-004 October 2015

CERTIFIED

JAN 20 2017

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

GG00363442

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 654-05

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Danny	Middle: LeRoy	LAST: RIESLAND	Suffix
2. Death Date: Aug 22, 2005			
3. Sex (M/F): M	4a. Age – Last Birthday: 72	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes [redacted]
5. County of Death: Whatcom			
7. Birthdate: [redacted]	8a. Birthplace (City, Town, or County): Gustine	8b. (State or Foreign Country): California	9. Decedent's Education: HS Graduate
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? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 1111 Warner	13b. City or Town: Sedro Woolley		
13c. Residence: County: Skagit	13d. Tribal Reservation Name (If applicable)	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98284-
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk			
14. Estimated length of time at residence: 20y	15. Marital Status at Time of Death: Married	16. Surviving Spouse's Name (Give name prior to first marriage): Anna M. Hodgson	
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Pipe Fitter	18. Kind of Business/Industry (Do not use Company Name): Texaco		
19. Father's Name (First, Middle, Last, Suffix): LeRoy G. Riesland	20. Mother's Name Before First Marriage (First, Middle, Last): Gladys M. [redacted]		
21. Informant's Name: Anna M. Riesland	22. Relationship to Decedent: Wife	23. Mailing Address: Number and Street or RFD No.: 1111 Warner	City or Town: Sedro
State: WA	Zip: 98284-		
24. Place of Death, if Death Occurred in a Hospital: Inpatient	Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location): St. Joseph Hospital	26a. City, Town, or Location of Death: Bellingham	26b. State: WA	27. Zip Code: 98225
28. Method of Disposition: Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place): Hawthorne Memorial Park	30. Location-City/Town, and State: Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility: Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398		32. Date of Disposition: August 25, 2005	
33. Funeral Director Signature X [signature]			

Part 2 completed by Certifier

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. Renal Failure — Interval between Onset & Death: 4wks

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. Cardiac Ischemia — Due to (or as a consequence of) — Interval between Onset & Death: 8wks
c. — Due to (or as a consequence of) — Interval between Onset & Death:
d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: hypertension, Atrial Fibrillation.
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No

38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
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? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No.: City or Town: County: State: Zip Code+4:
46. Describe how injury occurred:
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. 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. X [signature]
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. X

49. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print): Dr. Dan Garcia 7438 S. D Avenue, Concrete, WA 98237
50. Hour of Death (24hrs): 1657
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 8/24/05
53. Title of Certifier: Dr.
54. License Number: WA 17608
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No

57. Registrar Signature: X Connie Cardeson, Deputy
58. Date Received (MM/DD/YYYY): AUG 25 2005
59. Amendments

DOH/CHS 009 Rev 2/06/2004

DOH 01-003 (5/99)

Washington State Department of Health

Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number

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): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) — Telephone Number:

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

15. Signature:	16. Date:	17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:
- Certificate of Naturalization
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- Passport
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

Birth Certificates:

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.
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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
   - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
   - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
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 023 (Rev. 9/2002)