

Return Address:

SUZAN E. WILLIAMS
171 DISCOVERY VIEW DRIVE
SEQUIM, WA 98382



201703280085

Skagit County Auditor \$77.00
3/28/2017 Page 1 of 5 3:31PM

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20170328
MAR 28 2017

Amount Paid \$
Skagit Co. Treasurer
By Mh Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee SUZAN E. WILLIAMS, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is WIFE
Relationship to decedent

of ROLAND WILLIAM HATCHER WILLIAMS, who died on MARCH 22, 2015
Decedent/Grantor Date

at ANACORTES SKAGIT WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: UNIT D-106, VIEW RIDGE VILLAS, A
CONDOMINIUM
4309 BLUE HERON CIRCLE #106
ANACORTES, WA 98221

Assessor's Property Tax Parcel/Account Number: P126939, 4944-004-106-0000
(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)

SUZAN ELAINE WILLIAMS, 67, SPOUSE
171 DISCOVERY VIEW DRIVE, SEQUIM, WA 98382
Full name, age, relationship, address

KAREN WILLIAMS 51, DAUGHTER
2700 SHIMMONS ROAD #61, AUBURN HILLS, MI 48326
Full name, age, relationship, address

MATTHEW WILLIAMS 41, SON
2315 RIVER ROAD, WILLOUGHBY HILLS, OH 44094
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

UNWITNESSED
ORIGINAL DOCUMENT

Dated: 03/28/17

SUZAN ELAINE WILLIAMS

Affiant's full name

(360) 420-8057

Telephone number

171 DISCOVERY VIEW DRIVE

<u>SEQUIM</u>	<u>WA</u>	<u>98382</u>
City	State	Zip Code

Suzan Baranowski 03/28/17
 Signature Date

Suzan Elaine Williams

State of Washington County of Skagit

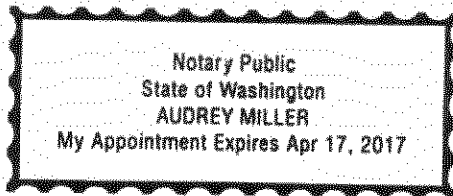
I know or have satisfactory evidence that Suzan Elaine Williams
(name of person)

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: 03 / 28 / 2017 [Signature]
 Signature of Notary Public

(SEAL OR STAMP)

Residing at: Mount Vernon



Notary Public in and for the State of Washington

My appointment expires: 04 / 2017

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 02/22/2017
FEE NUMBER:

CERTIFICATE NUMBER: 2015-008199

FIRST AND MIDDLE NAME(S): ROLAND WILLIAM HATCHER
LAST NAME(S): WILLIAMS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 22, 2015
HOUR OF DEATH: 07:50 AM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: MINGO JUNCTION, OHIO

MARITAL STATUS: MARRIED
SPOUSE: SUZAN ELAINE ROCKWELL

OCCUPATION: CHEMIST
INDUSTRY: U.S. DEPT OF THE TREASURY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: SUZAN WILLIAMS
RELATIONSHIP: WIFE
ADDRESS: 4309 BLUE HERON CIRCLE #106, ANACORTES, WA 98221

CAUSE OF DEATH:
A: LIVER FAILURE
INTERVAL: DAYS
B: ALCOHOL USE
INTERVAL: YEARS
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4309 BLUE HERON CIR APT 106
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER/PARENT: ROLAND WILLIAM HATCHER
MOTHER/PARENT: IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MARCH 26, 2015

FUNERAL FACILITY: EVANS FUNERAL CHAPEL

ADDRESS: 1105 - 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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

CERTIFIER NAME: JASON G. HOGGE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1213 24TH STREET, SUITE 100
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: MARCH 23, 2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA #188
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA
DATE RECEIVED: MARCH 24, 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
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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: City or County
	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:
P.O. Box or Street 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: _____ Date: _____
16b. Signature of 2nd parent (if required): _____ Date: _____

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

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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

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

Marriage/Dissolution (Divorce) Certificates

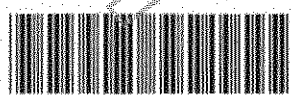
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

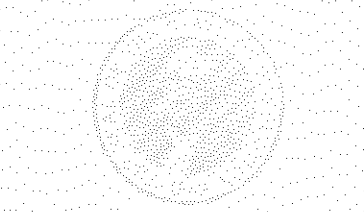
CERTIFIED

FEB 22 2017

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



0 1 4 3 7 0 9 4



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.