

201704180061

After recording, return to:
Tracie Wisler

Skagit County Auditor \$109.00
4/18/2017 Page 1 of 4 3:40PM

CHICAGO TITLE
020030232

Grantor (Name of Decedent): Richard John Wisler
Grantee (Heirs): Tracie Ann Wisler
Abbreviated Legal Description: Lot(s): 45 VERERE TERRACE
Tax Parcel No.(s): P70186/ 4035-000-045-0008

**INHERITANCE LACK OF PROBATE AFFIDAVIT AND
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

DEATH CERTIFICATE

STATE OF WASHINGTON
COUNTY OF SKAGIT

The undersigned, Tracie Ann Wisler, executes this affidavit relating to the estate of Richard J. Wisler (herein "Decedent"), who died on OCT 13, 1980, in the County of _____, State of _____, then being a resident of the City of Anacortes, County of Skagit, State of Washington

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) 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 _____ in [mm/dd/yyyy], under Recording No. _____ in _____ County, Washington
- other (identify): _____

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

APR 18 2017

Printed: 03.20.17 @ 04:19 PM by JS
WA-CT-FNRV-02150 620019-620030232

Amount Paid \$6
Skagit Co. Treasurer
By Mbm Deputy

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Tracie Wisler - Spouse
Name and relationship: Melissa Wisler - Daughter
Name and relationship: LISA Wisler - Daughter
Name and relationship: _____

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 45, "VEDERE TERRACE, SKAGIT COUNTY, WASH.," according to the plat thereof, recorded in Volume 7 of Plats, Page 84, records of Skagit County, Washington.

Situate in Skagit County, Washington

5. Status of the Will (if any)

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Tracie Wisler
Signature

March 31, 2017
Date

Tracie Wisler
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on March 31, 2017 by Tracie Wisler
(name of person making statement)



Martin E. Lehr
Name: Martin E. Lehr
Notary Public in and for the State of Washington,
Residing at: La Conner
My appointment expires: 2-9-19

STATE OF WASHINGTON DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

309 7
LOCAL FILE NUMBER

146-80 23936
STATE FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST Richard John Wisler		2. SEX Ma		3. DEATH DATE - (MO, DAY, YR) Oct. 13, 1980	
4. RACE (WHITE, BLACK, AM. IND. S. AGE - 1, LAST BIRTH - 2, UNDER 1 YEAR - 3, UNDER 1 DAY - 4, BIRTH DATE - (MO, DAY, YR) - 5, COUNTY OF DEATH - 6 White 31					
10. CITY, TOWN OR LOCATION OF DEATH Anacortes		11. PLACE OF DEATH - CHECK TYPE OF PLACE (FROM GIVE ADDRESS OR FIRST NAME - 1, AT SCENE - 2, IN TRANSPORT - 3, EMERGENCY ROOM - 4, HOSPITAL - 5, NURSING HOME) 1 1/2 Mi. S. Anacortes, Havercost Rd.		12. RECEIVED EMERGENCY CARE (YES/NO) (GIVE NAME) Yes	
13. BIRTH DATE (OR ONE IN USA GIVE COUNTRY) Wash. USA		14. CITIZENSHIP OF WHAT COUNTRY USA		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SPOLUSE (IF WIFE GIVE MARRIAGE NAME) Married Tracie Joseph	
16. SOCIAL SECURITY NO. [REDACTED]		17. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Foreman		18. KIND OF BUSINESS OR INDUSTRY Marine Asphalt Co.	
19. REFERENCE NUMBER (IF ANY) 830 Hilynn Dr.		20. CITY/TOWN OR LOCATION Burlington		21. INSIDE CITY LIMITS (YES/NO) Yes	
22. COUNTY Skagit		23. STATE Wash.		24. ZIP CODE	
25. FATHER - NAME FIRST, MIDDLE, LAST Hans Wisler			26. MOTHER - MARRIAGE NAME FIRST, MIDDLE, LAST Clara [REDACTED]		
27. INFORMANT NAME Tracie Wisler		28. MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 830 Hilynn Drs. Burlington, Wa. 98233			
29. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial		30. DATE (MO, DAY, YR) Oct. 16, 1980		31. CEMETERY, CREMATORIUM, NAME Hawthorne Lawn Cem.	
32. LOCATION - CITY/TOWN, STATE Mt. Vernon, Wa. 98273		33. NAME OF FACILITY Kern Funeral Home		34. ADDRESS OF FACILITY 1122 S. 3rd Street Mount Vernon, Wa. 98273	
35. SIGNATURE OF CERTIFYING PHYSICIAN <i>[Signature]</i>			36. SIGNATURE OF MEDICAL EXAMINER OR CORONER <i>[Signature]</i>		
37. DATE SIGNED (MO, DAY, YR) 10/14/80			38. HOUR OF DEATH (MO, DAY, YR) 1640		
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Frank Kendall			40. HOUR PRONOUNCED DEAD (MO, DAY, YR) 1800		
41. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) Frank Kendall Skagit County Courthouse Mount Vernon, Wa. 98273					
42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))					
(A) Skull Fracture, fractured neck, crushed chest				INTERVAL BETWEEN ONSET AND DEATH Instant	
(B) Automobile Accident				INTERVAL BETWEEN ONSET AND DEATH	
(C) Broadsided by dump truck				INTERVAL BETWEEN ONSET AND DEATH	
43. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE Accident				44. AUTOPSY? (YES/NO) No	
45. DATE RECEIVED (MO, DAY, YR) 10-14-80				46. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) Yes	
47. TIME OF INJURY (MO, DAY, YR) 10/13/80		48. HOUR OF INJURY (MO, DAY, YR) 1640		49. DESCRIBE HOW INJURY OCCURRED Broadsided by dump truck driver	
50. INJURY AT WORK? (YES/NO) True		51. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY) 1 1/2 Mi. S. Anacortes		52. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE Anacortes, Wa. 98221	
53. SIGNATURE OF REGISTRAR <i>[Signature]</i>		54. DATE RECEIVED (MO, DAY, YR) 10-14-80			
55. ITEM 55 DA 758		56. DOCUMENTARY EVIDENCE REVIEWED BY Sha		57. DATE 12/9/81	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 8

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST



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	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:

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 _____ Date _____ 16b. Signature of 2nd parent (if required): _____ Date _____

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

Driver's license, Social Security card of 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.

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.

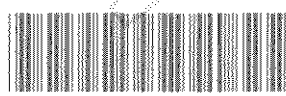
Marriage/Dissolution (Divorce) Certificates

- 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.

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 70.56 RCW, and at the direction of
Christie Spice, State Registrar

Christie Spice

DOH 422-032 October 2015



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