201705090064
Skagit County Auditor $77.00
5/9/2017 Page 1 of 5 2:18PM

Return Address:
Patricia L. Miller
5925 Mission Av.
Marys. Wa 98271

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Patricia Louise Miller, 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 Spouse
Relationship to decedent

of Paul Harold Miller, who died on May 12, 2014
Decedent/Grantor *Date*

at Concrete Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: the north 50 feet of tract 38, Plat of Skagit Steelhead tracts, as per plat recorded in Vol. 8 of Plats, page 10, records of Skagit County, Wa.

Assessor's Property Tax Parcel/Account Number: P69545
(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)

Patricia Louise Miller
Full name, age, relationship, address

62, spouse, 5925 Mission Ave.
Tosha Miller Gordon
Full name, age, relationship, address

Tosha River Rhea Miller Gordon 40yr. Arlington, Wa.
Priscilla Kay Harrell
Full name, age, relationship, address

Everett, Wa.
Full name, age, relationship, address

Roy Miller Jr.

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 5-9-2017

Patricia Louise Miller

Affiant's full name

347-633-1797

Telephone number

5925 Mission Av

Street

Marysville WA 98271

City *State* *Zip Code*

Patricia Louise Miller 5/9/2017

Signature *Date*

State of WA County of Skagit

I know or have satisfactory evidence that Patricia L. Miller

(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: 5 / 9 / 2017

Signature of Notary Public

(SEAL OR STAMP)

MICHAEL A. URBAN
Commission Expires
NOTARY
PUBLIC
02-05-2019
STATE OF WASHINGTON

Residing at: Mount Vernon WA

Notary Public in and for the State of WA

My appointment expires: 2 / 2019

REV 84 0017 (1/3/17)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-010956

DATE ISSUED: 05/19/2014

FEE NUMBER: 0000000029

GIVEN NAMES: PAUL HAROLD
LAST NAME: MILLER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 12,2014 FOUND
HOUR OF DEATH: 05:34 P.M.
SEX: MALE
AGE: 63 YEARS
SOCIAL SECURITY NUMBER: 535-46-4698

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 31,1950
BIRTHPLACE: EVERETT, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: PATRICIA LOUISE BENADOM

OCCUPATION: BRIDGE INSPECTOR
INDUSTRY: RAIL ROAD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: PATRICIA L MILLER
RELATIONSHIP: WIFE
ADDRESS: 5925 MISSION AVE, TULALIP, WA 98271

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 10949 MILLER LANE
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 5925 MISSION AVE
CITY, STATE, ZIP: TULALIP, WASHINGTON 982719720
INSIDE CITY LIMITS? YES
COUNTY: SNOHOMISH
TRIBAL RESERVATION: TULALIP RESERVATION
LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER: ROY MILLER
MOTHER: HELEN BRUSKRUD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: MAY 16,2014

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES
ADDRESS: PO BOX 1322
CITY, STATE, ZIP: MT VERNON WA 98273
FUNERAL DIRECTOR: TIMOTHY DONOVAN

CAUSE OF DEATH:
A. PENDING TOXICOLOGY
INTERVAL: HOURS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK? NO
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: PENDING
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: DANIEL F. DEMPSEY, RN
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY,STATE,ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MAY 16,2014

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 079-14
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MAY 16,2014

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (1/13)

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

Affidavit for Correction

Health

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

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

Use the section below for requesting any changes on the record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: City or County

4. Father/Parent Full Birth Name (For Birth; Spouse's Name for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (For Birth; Spouse's Name 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: (Printed Name)	16. Date:	17. Address:

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit.**
We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

- Birth Record
- Certificate of Naturalization
- Military Record (DD-214)
- Passport
- Numident Report (Social Security Administration)
- Marriage/Divorce Record
- Life Insurance Policy
- Hospital/Medical Record
- Voter's Registration Card (if it bears an effective date)
- School Transcripts (Official)
- Alien Registration (front and back)

Birth Certificates:

1. Only a parent, 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 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. **Child under 18**
   - Only parent(s) or legal guardian can change the birth certificate.
   - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
   - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
   - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
   - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.

   Adult (18 years or older)
   - Only the adult themselves can change the birth certificate.
   - If the first or middle name is absent, three pieces of documentary proof are required.
   - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
   - To correct parent's birth date, place of birth, or name, one documentary proof is required.
   - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the 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 someone other than the informant listed on the certificate. 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 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.

CERTIFIED

MAY 19 2014

H Leibrand MD

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

ZZ00273577