



201706070035

Skagit County Auditor

\$78.00

6/7/2017 Page

1 of

6 1:58PM

Return Address:

Richard C. Sawyer
16881 Donnelly RD
Mt Vernon, WA 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Richard C. Sawyer, 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 Husband
Relationship to decedent

of Theriece J Sawyer, who died on 6-19-16
Decedent/Grantor *Date*

at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

14134103

Abbreviated Legal Description: 0.6600 ac Tax 32 PTN S 1/2

S 1 1/2 SE 1/4 NE 1/4 BEG 62 8DT 19 DK 12.94 FTE &

20 FT N OF SWC SE 1/4 NE 1/4 THE ALGN LI CORD

93 FT TH N PLTW LI SD SE 1/4 NE 1/4 311.25 FT M/L TO

N LI S 1/2 SE 1/4 NE 1/4 TH W ALG SD N LI 93 FT TH S 311.36 FT TPB

Assessor's Property Tax Parcel/Account Number: P-21883
(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)

(Page 1 of 1)

Elizabeth Anne Geist.

Daughter 50

Full name, age, relationship, address

6207 22nd AVE NE.

Seattle, WA 98115

Full name, age, relationship, address

Stephanie Heather Swenson

Daughter 47

Full name, age, relationship, address

501 Talcott Street

Sedro Woolley, WA 98284

Full name, age, relationship, address

Dated: 6-5-2017

Richard C. Sawyer
Affiant's full name

360-424-1469
Telephone number

16881 Donnelly RD
Mt Vernon WA 98273
City State Zip Code

Richard C Sawyer _____
Signature Date
Richard C Sawyer

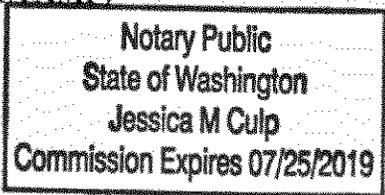
State of Washington County of Snohomish

I know or have satisfactory evidence that Richard C Sawyer
(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: 7-25-19 _____
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Snohomish

Notary Public in and for the State of WA

My appointment expires: 7-25-2019

Current Legal Description Abbreviation Definitions

(0.6600 ac) TAX 32 PTN S1/2 S1/2 SE1/4 NE1/4 BEG 62 8DT 19 DK 12 .94FT E & 20FT N OF SW C SE1/4
NE1/4 TH E ALG N LI CO RD 93FT TH N PLT W LI SD SE1/4 NE1/4 311.25FT M/L TO N LI S1/2 S 1/2 SE1/4
NE1/4 TH W ALG SD N LI 93FT TH S 311.36FT TPB

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-095671

DATE ISSUED: 06/24/2016

FEE NUMBER: 000000029

GIVEN NAMES: THERIECE JEAN
LAST NAME: SAWYER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 19, 2016
HOUR OF DEATH: 06:05 P.M.
SEX: FEMALE
AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: PASCO, FRANKLIN CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: RICHARD C. SAWYER

OCCUPATION: INSTRUCTIONAL AID/ READING SPE
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: RICHARD C. SAWYER
RELATIONSHIP: HUSBAND
ADDRESS: 16881 DONNELLY RD MOUNT VERNON WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 16881 DONNELLY RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 16881 DONNELLY RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 41 YEARS

FATHER/PARENT: ROBERT BOYD MASON
MOTHER/PARENT: JUNE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JUNE 27, 2016

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

CAUSE OF DEATH:
A. HEPATOCELLULAR CARCINOMA
INTERVAL: YEAR
B. ALCOHOLIC LIVER CIRRHOSIS
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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

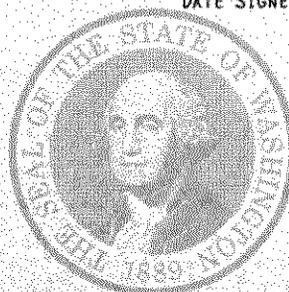
NUMBER(S): NONE
DATE(S): NONE

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

CERTIFIER NAME: SANDEEP BAL, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: JUNE 23, 2016

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: N/A-470
ATTENDING PHYSICIAN:
SANDEEP BAL MD

LOCAL DEPUTY REGISTRAR:
NEL PEDROSA
DATE RECEIVED: JUNE 23, 2016





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

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"/> 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:		
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:	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

- 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.

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

- 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.



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

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