



Skagit County Auditor

6/30/2017 Page

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6 9:43AM

\$78.00

After recording mail to:

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

Address: 700 Talcott St. A., Sedro Woolley, WA
Legal: FIRST TO SEDRO PTN LTS 29 30 31 & 32 BLOCK 44 AKA TR A S/P SW 3-77
AF#880360
Tax Parcel # 4150-044-032-0018 / P75839

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, ROGER WHITCHURCH, executes this affidavit relating to the estate of ALAN WHITCHURCH, the Decedent, who died on November 1, 2016, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

ROGER WHITCHURCH, 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):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Roger Whitchurch	legal	child

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:

Tract "A" of Sedro Woolley Short Plat No. SW-3-77 approved April 26, 1977 recorded April 26, 1977, under Auditor's File No. 880360, in Volume 2 of Short Plats, page 220, being a portion of lots 29, 30, 31, and 32 Block 44, "First Addition to the Town of Sedro". Situate in the city of Sedro Woolley, County of Skagit State of Washington.

5. Status of the Will and Trust (if any)

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent left a Trust that devises real property.
- The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated July 15, 2016. The Will devises and states that:

Ill (A) I hereby give, devise and bequeath all of the rest, residue and remainder of my property of every kind, nature and description, wheresoever located or situated outright to Roger Whitchurch.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-044223

DATE ISSUED: 11/07/2016

FEE NUMBER: 000000029

GIVEN NAMES: ALAN CLARK
LAST NAME: WHITCHURCH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 01, 2016
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 93 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: DIAMOND, MISSOURI

MARITAL STATUS: DIVORCED
SPOUSE:

OCCUPATION: FURNITURE / CABINET MAKER
INDUSTRY: WOODWORKING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: ROGER ALAN WHITCHURCH
RELATIONSHIP: SON
ADDRESS: 441 BROOKSTONE HILLS DRIVE, GRANTS PASS, OR 97526

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 275 WHITMARSH ROAD SPACE 64
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 275 WHITMARSH ROAD SPACE 64
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: BERT GROVER WHITCHURCH
MOTHER/PARENT: ETHEL [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: NOVEMBER 02, 2016

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:
A. CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE
INTERVAL: 20YEARS

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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SARAH EVANS, ARNP
TITLE: ARNP
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: NOVEMBER 01, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: NOVEMBER 02, 2016

DOH 01-003 (10/15)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4390

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

STATE OF WASHINGTON ONLY

State File Number	Case Number	Initials	Date	Affidavit Number
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 Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)				
6. Name of Person Providing Affidavit: Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parents <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address: _____

Telephone Number: _____ Email Address: _____

Use the following box to request any changes on the record. The record is incorrect or incomplete as follows:

The record now shows: _____ The true fact is: _____

8. _____

10. _____

12. _____

14. _____

I declare under penalty of perjury that the facts stated in this affidavit are true and correct in the State of Washington that the foregoing is true and correct

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

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS: go to _____ for more information

Drivers license, Social Security card or hospital-issued 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
- Adoption 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 (18 or older) may change the birth certificate.
2. The proof(s) must support the asserted fact(s). For example, if the affidavit states 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 court order proving guardianship
- Up to age one, last name can be changed once to either parent's 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 first or middle name
- To correct parent's information, no document proof is required.
- To correct the sex of the child, a court order and any 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 affidavit are required. If one parent is deceased, submit a death certificate with request. This affidavit cannot be used to add a father to a child's certificate (use paternity acknowledgment form DGH 422-032)

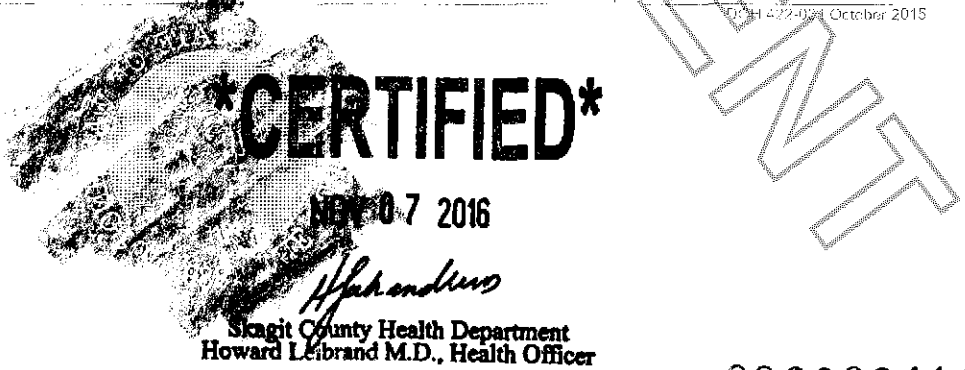
Death Certificates

1. Only the informant, funeral director, or executor/administrators (if available) 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 of 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 (guardian or clerk of court (dissolution)) must complete and submit the affidavit.

DGH 422-032 October 2015



GG00094114

**ACCEPTANCE OF APPOINTMENT
AS SUCCESSOR TRUSTEE**


of the

Whitchurch Trust No. 2, dated August 4, 2008

Successor Trustee, Roger Whitchurch, hereby accepts appointment as successor Trustee of Whitchurch Trust No. 2, dated August 4, 2008, and agrees to be bound by the terms of such Trust and First Amendment to the Whitchurch Trust No. 2 dated July 15, 2016, and to exercise its duties thereunder in accordance with the laws of the State of Washington and the applicable provisions of the Internal Revenue Code.

DATED this 19th day of June, 2017.

Successor Trustee:

By: 
Roger Whitchurch