

Return Address:



Skagit County Auditor

\$79.00

8/4/2017 Page

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6 3:06PM

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee WYN R PAULY, 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 WALTERA PAULY, who died on 1/23/2011
Decedent/Grantor Date

at MOUNT VERNON SKAGIT WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: THUNDERBIRD 4, LOT 15

Assessor's Property Tax Parcel/Account Number: P# 100810
(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 _____)

Full name, age, relationship, address

Kenneth Wayne Patey, 51, Son

Full name, age, relationship, address

Pamela Elizabeth Ganz, 48, Daughter

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

Dated: 4 Aug 2017

Affiant's full name

Telephone number

Street

City

State

Zip Code

Wyn R Pauly
Signature

8-4-17
Date

State of

Washington

County of

Skaagit

I know or have satisfactory evidence that

Wyn R Pauly
(name of person)

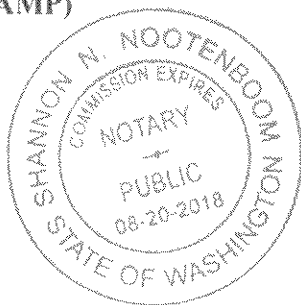
is the person who appeared before me and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated:

8/4/17

Shannon Nootenboom
Signature of Notary Public

(SEAL OR
STAMP)



Residing at:

Sedro Woolley, WA

Notary Public in and for the State of

WA

My appointment expires:

08-20-2018

Island Title Company

EXHIBIT 'A'

Description:

Order No: BE5951 MKP

PARCEL A:

Lot 25, PLAT OF THUNDERBIRD 4, according to the plat thereof, recorded in Volume 15 of Plats, pages 14 through 16, records of Skagit County, Washington.

EXCEPT that portion conveyed to Mohawk Court Owners Association in deed recorded December 13, 1995, under Auditor's File No. 9512130057, records of Skagit County, Washington.

PARCEL B:

An easement for ingress, egress, and utilities over and across the private right of way known as "Mohawk Court" as delineated on the face of PLAT OF THUNDERBIRD 4, according to the plat thereof, recorded in Volume 15 of Plats, pages 14 through 16, records of Skagit County, Washington, and conveyed to Mohawk Court Owners Association in deed recorded December 13, 1995, under Auditor's File No. 9512130057, records of Skagit County, Washington.

Situated in Skagit County, Washington.

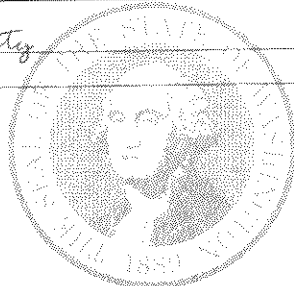


200203270074
Skagit County Auditor

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 53-11		Washington State Certificate of Death			State File Number	
1. Legal Name (include aliases if any): First Middle LAST		2. Death Date				
Walter Paul		01/23/2011				
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death	
F	71			[REDACTED]	Skagit	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education		
[REDACTED]	Weisswasser	Germany		Nursing Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?
No				Caucasian		No
13a. Residence Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.)				13b. City or Town		13g. Inside City Limits?
3700 Mohawk Ct.				Mount Vernon		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
13c. Residence County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country		13f. Zip Code - 4		
Skagit		Washington		98273		
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)		
9 years		Married		Wyn Paul		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE))				18. Kind of Business/Industry (Do not use Company Name)		
Registered Nurse				Health Care		
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)		
Johannes Gaunz				[REDACTED]		
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Wyn Paul		Husband		3700 Mohawk Ct. Mount Vernon WA 98273		
24. Place of Death, if Death Occurred in a Hospital				25. Facility Name (If not a facility, give number & street location)		
Residence				3700 Mohawk Ct.		
25a. City, Town, or Location of Death				25b. State	27. Zip Code	
Mount Vernon				WA	98273	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		
Cremation		Hawthorne Memorial Park		Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility				32. Date of Disposition		
Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0399				January 24, 2011		
33. Funeral Director Signature X <i>Glenn L. [Signature]</i>						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>achilles tendon rupture</i> Interval between Onset & Death: <i>hours</i>						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <i>atrial fibrillation with rapid conduction & pacemaker</i> Interval between Onset & Death: <i>years</i>						
c. <i>Heart failure, lymphedema, deep vein thrombosis (causing a PE)</i> Interval between Onset & Death: <i>years</i>						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: <i>significant pleural effusions, etiology unknown, dysphagia, history of GI bleed.</i>						
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street		City or Town		State	Zip Code - 4	
46. Describe how injury occurred				47. If transportation injury, specify		
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician (Type of knowledge, death occurred at the time, date, and place are due to the physician's knowledge, death occurred at the time, date, and place are due to the physician's knowledge, death occurred at the time, date, and place are due to the physician's knowledge)				48b. Medical Examiner/Coroner (Type of knowledge, death occurred at the time, date, and place are due to the physician's knowledge, death occurred at the time, date, and place are due to the physician's knowledge)		
X				X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		
Jonathan Fish, Dr. 1990 Hospital Drive, Suite 100 Sedro Woolley, WA 98284				2330		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy)		
				1/24/11		
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?
Dr.		00039820		NJAN 041		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature				58. Date Received (mm/dd/yyyy)		
*Theresa Tharsell, Deputy				JAN 24 2011		
59. Amendments						



DOHCHS 003 Rev 07/09/07

Affidavit for Correction

This is a legal document. Do not alter or
STATE OFFICE USE ONLY

Use the correction below for requesting any changes on the record.

Report of

Death

Marriage

Dissolution

State of

County of

City of

I, the undersigned,

do hereby certify that the above is a true and correct copy of the record.

Witness my hand and seal this day of

Year

I, the undersigned,

do hereby certify that the above is a true and correct copy of the record.

Witness my hand and seal this day of

Year

City of

I, the undersigned,

do hereby certify that the above is a true and correct copy of the record.

Witness my hand and seal this day of

Year

City of

All individuals must be identified by name.

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

CERTIFIED

JAN 25 2011

Shagin County Public Health Department
Howard Leibbrand M.D., Health Officer

UU000007963