

UNRECORDED ORIGINAL DOCUMENT



201708220072

Skagit County Auditor \$78.00  
8/22/2017 Page 1 of 5 3:54PM

Filed for Record at request of  
and return to:  
STILES LAW INC., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

-----  
Address: 11764 Pulver Road, Burlington, WA 98233  
Legal : SE 1/4 SE 1/4 Sect. 36, Twnshp 35 N., Rge 3 E.W.M. Except S 629 ft.  
Tax Parcel # 350336-4-009-0304 / P35444

**LACK OF PROBATE REAL ESTATE AFFIDAVIT**

State of Washington )  
 ) ss.  
County of Skagit )

The affiant, LARRY R. ATCHLEY, executes this affidavit relating to the estate of COLLEEN J. ATCHLEY, the Decedent, who died on March 22, 2005, in the County of Skagit, State of Washington, then being a resident of the City of Burlington, County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

LARRY R. ATCHLEY, 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>
Larry R. Atchley	legal	husband
Justin Scott Atchley	legal	child
Dustin Shawn Atchley	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:

The SE ¼ of the SE ¼ of Section 36, Township 35 North Range 3, E.W.M., Skagit County, Washington, Except the South 629 feet thereof, also except Pulver Road running along the East line thereof.

Together with that certain 1993 28 x 56 Fleetwood mobile home VIN#ORFLNP4816117BS.

**5. Status of the Will (if any)**

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

The decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

- (1) Share of surviving spouse or state registered domestic partner.  
The surviving spouse or state registered domestic partner shall receive the following share:
  - (a) All of the decedent's share of the net community estate.

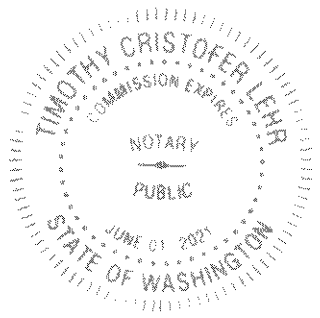
DATED: Aug 19, 2017

Larry R. Atchley  
Larry R. Atchley - Affiant

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me **Larry R. Atchley** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 19 day of Aug, 2017.



Timothy Cristofer Lewis  
Notary Public in and for the State of Washington,  
residing at Sedro Woolley, WA  
My appointment expires 06/01/2021

UNOFFICIAL DOCUMENT

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

5 53702

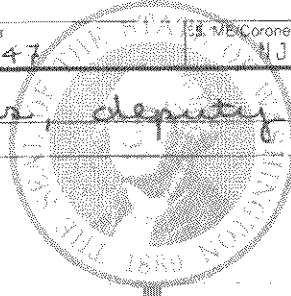
Local File Number **202-05**

Washington State Certificate of Death

State File Number

1. Legal Name (Include Middle Initial) First Middle LAST Suffix <b>Colleen Joyce ATCHLEY</b>					2. Death Date <b>Mar 22, 2005</b>	
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>57</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number		6. County of Death <b>Skagit</b>
7a. Birthdate [Redacted]		7b. Birthplace (City, Town, or County) <b>Tacoma</b>	7c. (State or Foreign Country) <b>Washington</b>		8. Decedent's Education <b>1 year of College</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence - Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>11764 Pulver Rd.</b>				13b. City or Town <b>Burlington</b>		
13c. Residence - County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98233-</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>13y</b>		15. Marital Status at Time of Death <b>Married</b>		18. Surviving Spouse's Name (Give name prior to first marriage) <b>Larry Atchley</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Fred Leon Reiter</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Donnie</b>		
21. Informant's Name <b>Larry Atchley</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address - Number and Street or RFD No. City or Town State Zip <b>11764 Pulver Rd. Burlington WA 98233-</b>		
24. Place of Death, if Death Occurred in a Hospital				25. Place of Death, if Death Occurred Somewhere Other than a Hospital. <b>Decedent's Residence</b>		
25. Facility Name (If not a facility, give number & street or location). <b>11764 Pulver Rd.</b>				26a. City, Town, or Location of Death <b>Burlington</b>		26b. State <b>WA</b>
27. Zip Code <b>98233-</b>		28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>		
30. Location - City/Town, and State <b>Mount Vernon, Washington</b>				31. Name and Complete Address of Funeral Facility <b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398</b>		
32. Date of Disposition <b>Mar 24, 2005</b>				33. Funeral Director Signature X <i>[Signature]</i>		

34. Cause of Death (See instructions and examples) 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) → <b>a. Pancreatic Cancer</b>						Interval between Onset & Death <b>1 year</b>
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						Interval between Onset & Death
b. _____ Due to (or as a consequence of)						Interval between Onset & Death
c. _____ Due to (or as a consequence of)						Interval between Onset & Death
d. _____ Due to (or as a consequence of)						Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: <b>Diabetes Mellitus</b>					36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" 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				46. Describe how injury occurred		
City or Town		County		State		Zip Code + 4
47a. Certifying Physician - To the best of the certifier's knowledge and belief, the cause and manner of death were determined by the physician, medical examiner, or coroner.				47b. Medical Examiner/Coroner - On the basis of examination, autopsy, or other available information, the cause and manner of death were determined by the medical examiner or coroner.		
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Eric R. Frankenfeld M.D. 1815 C St., J-36, Bellingham, WA 98225</b>				49. Hour of Death (24hrs) <b>1330</b>		
50. Name and Title of Attending Physician if other than Certifier (Type or Print)				51. Date Signed (mm/dd/yyyy) <b>03/29/2005</b>		
52. Title of Certifier <b>M.D.</b>		53. License Number <b>019947</b>		54. Medical Examiner/Coroner File Number <b>WA # 081</b>		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
56. Registrar Signature <b>Donothy Epps, deputy</b>				57. Date Received (mm/dd/yyyy) <b>APR -1 2005</b>		
58. Amendments						



DOH/CHS 003 Rev 2/06/2004

# Affidavit for Correction

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

## STATE OFFICE USE ONLY

State Health Department      Fee Number      Fee Date      Fee Type      Fee Amount

Required	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 of Person	2 Date of Birth		3 Date of Death	
4 Father's Name	5 Mother's Name	6 Sex (A for Male and B for Female)		7 Date of Marriage	8 Date of Divorce
9 Name of Person (if different from name)	10 Reasoning	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent
11 Person or Relative		<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	12 Grandparent	

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:
9		
10		
12		
14		

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

16a Signature: \_\_\_\_\_  
 Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**INSTRUCTIONS**

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof.

Required for correction of errors described within: Affidavit must be signed by person with authority to complete the correction of error.

- Birth/Marriage: Parent(s) and child (if age 18 or older) or legal guardian of child.
- Death: Person or relative of deceased.
- Grandparent: Grandparent.
- Spouse: Spouse.
- Grandparent: Grandparent.

**Birth Certificates**

- 1 Only a parent(s) (legal guardian if the child is under 18), or the named and married to spouse, may apply for a birth certificate.
- 2 The proof(s) must match the evidence types. For example, if the affidavit is for the birth of Mary Ann Doe, the proof must be a birth certificate for Mary Ann Doe.
- 3 Documentary proof must be no more than seven years old (or indistinctly within 7 years) of the date of birth.

**Child under 18**

- If legal guardian, must be a resident of the state and have custody of the child.
- Up to age 18, the child must be a resident of the state and have a valid parent, guardian, or relative caregiver who is a resident of the state and is the biological parent.
- Aged 18 or over, the child must be registered to marry and not have a spouse.
- No proof is required to change the child's sex or race.
- To correct parent(s) information, see documentary proof requirements.
- To correct the sex, the child must be the primary proof from a medical provider or parent.

**Adult (18 or over)**

- Adult (18 or over) must be a resident of the state and have a valid parent, guardian, or relative caregiver who is a resident of the state and is the biological parent.
- The adult must be a resident of the state and have a valid parent, guardian, or relative caregiver who is a resident of the state and is the biological parent.
- To correct parent(s) information, see documentary proof requirements.

\*To change any part of the information, signatures from both parents listed on the certificate are required.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

**Death Certificates**

- 1 Only the attorney-in-fact (with a power of attorney) or surviving spouse of the deceased may apply for a death certificate. The information provided must be correct and complete. The information must be based on the information provided on the registered death certificate, including the date of death. The information may change if the information on the registered death certificate is incorrect.
- 2 The correct information on date of death may be changed only by the attending physician or the coroner (if the death was a homicide).

**Marriage/Dissolution (Divorce) Certificates**

- 1 Person(s) (marriage) changes in name, date or place of birth or residence may be changed by the person(s) who applied for the certificate.
- 2 In change for date of marriage or dissolution, the officiant (priest) or clerk of court (pastor) must be present.

