

Return Address:

Shirley A. Chance  
451N REGENT ST.  
BURLINGTON, WA 98233



201709120046

Skagit County Auditor

\$78.00

9/12/2017 Page

1 of

5 10:23AM

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Shirley A. Chance, 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 WIDOW  
*Relationship to decedent*

of ANTHONY L CHANCE, who died on DEC 6, 2017  
*Decedent/Grantor* *Date*

at Mt. Vernon Skagit wa.  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: LOTS 1-4, BLOCK 14, "AMENDED  
PLAT OF BURLINGTON, SKAGIT COUNTY, WASH"  
(AKA) LOT A, SHORT PLAT NO. B-3-93

Assessor's Property Tax Parcel/Account Number: P104057  
(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)

UNOFFICIAL DOCUMENT

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*Full name, age, relationship, address*

SHANTEEN CHANCE, DAUGHTER age 21  
451N RECENT ST. BURLINGTON, WA. 98233

*Full name, age, relationship, address*

Shirley A. Chance, 51, widow  
451N RECENT ST. BURLINGTON, WA. 98233

*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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Dated: 9-12-2017

SHIRLEY ANN CHANCE

Affiant's full name

360-610-1319

Telephone number

451 N. REGENT ST.

BURLINGTON

Street  
WA.

98233

City

State

Zip Code

Shirley A. Chance

Signature

9-12-2017

Date

Shirley A. Chance

State of WA

County of Skagit

I know or have satisfactory evidence that

Shirley A. Chance

(name of person)

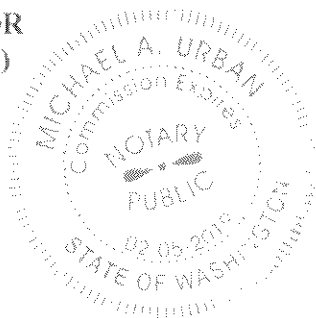
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9.12.17

Michael A. Urban

Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 2, 19

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-049398

DATE ISSUED: 12/08/2016

FEE NUMBER: 000000029

GIVEN NAMES: ANTHONY LEE  
LAST NAME: CHANCE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 06, 2016  
HOUR OF DEATH: 12:02 P.M.  
SEX: MALE  
AGE: 55 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: SHIRLEY DALTON

OCCUPATION: AUTO MECHANIC  
INDUSTRY: MECHANIC  
EDUCATION: 9-12TH GRADE, NO DIPLOMA  
US ARMED FORCES? NO

INFORMANT: SHIRLEY CHANCE  
RELATIONSHIP: WIFE  
ADDRESS: 451 NORTH REGENT ST BURLINGTON, WA 98233

PLACE OF DEATH: EMERGENCY ROOM  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 451 NORTH REGENT ST  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: JOHN CHANCE  
MOTHER/PARENT: LORRIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT  
CITY, STATE, ZIP: MOUNT VERNON, WA  
DISPOSITION DATE: DECEMBER 08, 2016

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

- CAUSE OF DEATH:
- A. ATHEROSCLEROTIC CORONARY ARTERY DISEASE  
INTERVAL: YEARS
  - 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: YES  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: HAVLEY THOMPSON  
TITLE: CORONER  
ME/CORONER  
ADDRESS: 116 S. 11TH ST  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: DECEMBER 07, 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: 193-16  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: DECEMBER 07, 2016



Affidavit for Correction

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

STATE OFFICE USE ONLY

Center for Health Statistics

1000 Washington Street

Spokane, WA 99201

Phone: (509) 325-2200

Fax: (509) 325-2201

Website: www.chs.wa.gov

State of Washington



Required	Required information must match current information on record				
	Residence	Birth	Death	Marriage	Dissolution (Divorce)
1 Name					
2 Date					
3 Name					

7 Return Affidavit to: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record was deleted \_\_\_\_\_ The name listed \_\_\_\_\_

8 \_\_\_\_\_

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 Signatures \_\_\_\_\_

Printed name \_\_\_\_\_

INSURANCE \_\_\_\_\_

Check to ensure Social Security and \_\_\_\_\_

Required documentation \_\_\_\_\_

- Birth Certificates
- Marriage Certificates
- Divorce Certificates
- Death Certificates
- Hospital Discharge Summaries
- Hospital Death Certificates
- Hospital Transfer Certificates
- Hospital Admittance Certificates
- Hospital Discharge Certificates
- Hospital Death Certificates
- Hospital Transfer Certificates
- Hospital Admittance Certificates
- Hospital Discharge Certificates

Child Abuse \_\_\_\_\_

- Child Abuse Reports
- Child Abuse Investigations
- Child Abuse Court Orders
- Child Abuse Protective Orders
- Child Abuse Court Proceedings
- Child Abuse Court Judgments
- Child Abuse Court Orders
- Child Abuse Protective Orders
- Child Abuse Court Proceedings
- Child Abuse Court Judgments

Death Certificates \_\_\_\_\_

1. Original copy of death certificate
2. The original copy of death certificate must be submitted to the Health Department within 30 days of the date of death.

Marriage/Dissolution/Divorce Certificates \_\_\_\_\_

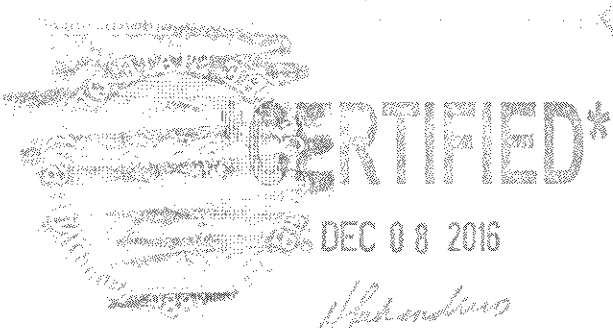
1. Original copy of marriage certificate
2. Original copy of divorce certificate

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1. Original copy of marriage certificate
2. Original copy of divorce certificate



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

G600096545