



201709280096

Skagit County Auditor \$112.00
9/28/2017 Page 1 of 5 9:55AM

After recording, return to:
Kelly Miller
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

201708180098
Skagit County Auditor
8/18/2017 Page 1 of 4 \$111.00
4:02PM

*** re-record to add heir ***

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2017 3903
AUG 18 2017

CHICAGO TITLE
020031759

Amount Paid \$
Skagit Co. Treasurer
By man Deputy

Grantor (Name of Decedent):

Albert Stone

Grantee (Heirs):

Doreen Thompson Altha J. Stone

Abbreviated Legal Description: Lot(s): 65 EASTWIND

Including manufactured Home
GlenRiv 1990 56x28 Serial number
GR 3693 XY Eastwind Lot 65

Tax Parcel No.(s): P81020 / 4384-000-065-0018

INHERITANCE LACK OF PROBATE AFFIDAVIT and

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

Death Certificate

STATE OF Washington

COUNTY OF Skagit

The undersigned, Doreen Thompson, executes this affidavit relating to the estate of

Albert Stone (herein "Decedent"), who died on 12-18-2016

in the County of Skagit, State of Washington, then being a resident of the

City of Mt Vernon, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) 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 _____

in _____ [mm/dd/yyyy], under Recording No. _____ in _____

County, Washington.

other (identify): _____

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20174567
SEP 28 2017

Amount Paid \$
Skagit Co. Treasurer man
By _____ Deputy

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Aletha J. Stone, wife
Name and relationship: _____
Name and relationship: _____
Name and relationship: _____

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:

Lot 65, Plat of Eastwind, according to the plat thereof, recorded in Volume 12 of Plats, Pages 31 and 32, records of Skagit County, Washington.

Situate in Skagit County, Washington

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

- The decedent left a Will that devises real property.
 The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

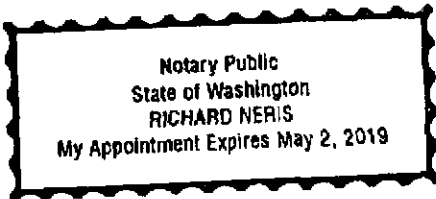
Darlene Thompson
Signature

7-18-17
Date

Darlene Thompson
Print Name

State of Washington
County of Sheltonish

Signed and sworn to (or affirmed) before me on 07/18/17 by Darlene C Thompson
(name of person making statement)



Richard Neris
Name: RICHARD NERIS
Notary Public in and for the State of Washington,
Residing at: US BANK Home WA
My appointment expires: May 2, 2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-058337

DATE ISSUED: 12/30/2016

FEE NUMBER: 0017045027

GIVEN NAMES: ALBERT EDWARD
LAST NAME: STONE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 18, 2016
HOUR OF DEATH: 08:05 P.M.
SEX: MALE
AGE: 87 YEARS

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

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1900 N 32ND PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRICAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER/PARENT: ALBERT BURTON STONE
MOTHER/PARENT: LOUELLA [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: PORTLAND, OREGON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: DECEMBER 28, 2016

MARITAL STATUS: MARRIED
SPOUSE: ALETHA JUNE WILLEY

FUNERAL FACILITY: BARTON FAMILY FUNERAL SERVICE
ADDRESS: 11630 SLATER AVE NE STE 1A
CITY, STATE, ZIP: KIRKLAND WA 98034
FUNERAL DIRECTOR: PATRICIA J. BARTON

OCCUPATION: CARPENTER
INDUSTRY: CONSTRUCTION
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: MARILYN SEAT
RELATIONSHIP: DAUGHTER
ADDRESS: 305 6TH STREET, GOLD BAR, WASHINGTON 98251

CAUSE OF DEATH:

- A. ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: 2 WEEKS
- B. ACUTE ON CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE
INTERVAL: 4 WEEKS
- C. SUSPECTED ISCHEMIC CARDIOMYOPATHY
INTERVAL: FEW WEEKS
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
SUSPECTED PNEUMONIA ,SEPSIS DUE TO PNEUMONIA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: MELAKU TESFAYE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: DECEMBER 19, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: DECEMBER 28, 2016



DOH 01-003 (10/15)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4376

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"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Hospital
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: _____ Date: _____	Printed name: _____ 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

1. 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.
2. 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.
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 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)

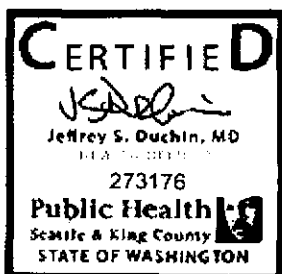
Death Certificates

1. 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.
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 or 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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



GG00273176

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON } SS
COUNTY OF SKAGIT

I, Auditor of Skagit County, State of Washington, do hereby
certify that the foregoing instrument is a true and correct copy
of the original now on file in my office.

IN WITNESS WHEREOF, I hereunto set my hand and seal of

my office the 27 day of Sept, 2017

James J. ...
Auditor

[Signature]
Deputy

