

After recording, return to:  
Shirley Starkovich



Skagit County Auditor \$112.00  
9/29/2017 Page 1 of 5 1:59PM

CHICAGO TITLE  
500060850

Grantor (Name of Decedent) (Tony) Anthony Starkovich  
Grantee (Heirs): Shirley (Starkovich) Spurrier  
Abbreviated Legal Description: Lot(s) PTN LOT 7 TROWBRIDGE  
Tax Parcel No.(s): P77339 / 4175-000-007-0004

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

STATE OF WA  
COUNTY OF Skagit

*Death Certificate*

The undersigned, Shirley (Starkovich) Spurrier, executes this affidavit relating to the estate of Tony Anthony Starkovich (herein "Decedent"), who died on 8-26-13, in the County of Skagit, State of WA, then being a resident of the City of Sedro-Woolley, County of Skagit, State of WA.

(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 \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20174617  
SEP 29 2017

Amount Paid \$  
Skagit Co. Treasurer  
By [Signature] Deputy

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

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

other (identify): \_\_\_\_\_

**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: Shirley (Starkovich) Spurrier (spouse)

Name and relationship: Tara Starkovich

Name and relationship: Cory Starkovich

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**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.

Shirley (Starkovich) Spurrier  
Signature

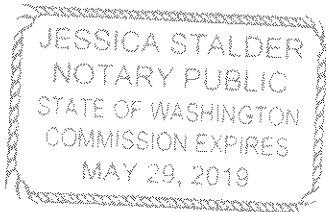
9-8-17  
Date

Shirley Starkovich Spurrier  
Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 9-11-2017 by Shirley Spurrier  
(name of person making statement).



Jessica Stalder  
Name:  
Notary Public in and for the State of  
Washington,  
Residing at: Mount Vernon  
My appointment expires:  
5/29/19

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P77339 / 4175-000-007-0004**

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Lot 7, TROWBRIDGE ADDITION TO THE TOWN OF SEDRO-WOOLLEY, according to the plat thereof recorded in Volume 3 of Plats, page 33, records of Skagit County, Washington.

EXCEPT that portion thereof conveyed to the City of Sedro-Woolley for street purposes by Deed recorded under Auditor's File No. 9306160056, records of Skagit County of Washington.

Situated in Skagit County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-015578

DATE ISSUED: 03/31/2016

FEE NUMBER: 000000029

GIVEN NAMES: ANTHONY R  
LAST NAME: STARKOVICH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 26, 2013  
HOUR OF DEATH: 06:18 A.M.  
SEX: MALE  
AGE: 62 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 WILSON

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

INFORMANT: SHIRLEY STARKOVICH  
RELATIONSHIP: WIFE  
ADDRESS: 312 WEST STATE STREET, SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 312 WEST STATE STREET  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 38 YEARS

FATHER/PARENT: STEVE STARKOVICH  
MOTHER/PARENT: ELSIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: AUGUST 29, 2013

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

- CAUSE OF DEATH:
- A. RESPIRATORY FAILURE PULMONARY EMBOLISM  
INTERVAL: DAYS
  - B. METASTATIC B CELL LYMPHOMA  
INTERVAL: MONTHS
  - 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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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: DORIEN MCABEE, DO  
TITLE: OSTEOPATHIC PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: AUGUST 28, 2013

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

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: AUGUST 29, 2013



# Affidavit for Correction

Mail To: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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

## STATE OFFICE USE ONLY

State File Number

File Number

Initials

Date

Affidavit Number

### Required information must match current information on record

<b>Required</b>	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 on Record (State Certification) Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parents <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify):
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:

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

16a Signature	18b Signature of 2 <sup>nd</sup> parent (if required)		
Printed name	Date	Printed name	Date

### INSTRUCTIONS 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 this affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce records
- Military records (DD-214)
- School transcripts
- Social Security Number Report
- Certificate of Naturalization
- Hospital medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

- Only a parent(s) (equal number of the child's parent(s) or the named individual if 18 or older) may change the birth certificate
- The proof(s) must match the asserted facts. For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Documentary proof must be five or more years old or established within five years of birth

#### Child under 18

- If legal guardians, relative caregiver, court order proving guardianship
- Up to age one, last name can be changed once to either parents' name or surname 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, valid documentary proof is required
- To correct the sex of the child, valid documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult may change his or her birth certificate
- If the first or middle names are 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. One parent's signature cannot be used to 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

- Only the informant (funeral director or examiner/administrator, 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with a copy of documentary proof.
- To change the date or place of marriage or dissolution, the affidavit (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

**\*CERTIFIED\***

MAR 1 2011

*H. Strandberg*

State of Washington  
County Public Health Officer  
Olympia, WA

EE00089787