



201710200047

Skagit County Auditor

\$78.00

10/20/2017 Page

1 of

5 10:53AM

## Return Address:

KATHLEEN WHITMAN  
8044 18 AVE NE  
Seattle WA 98115

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee KATHLEEN LAZARA WHITMAN 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 WIFE

Relationship to decedent

of DEWITT CLINTON WHITMAN, who died on 3-17-13  
Decedent/Grantor Date

at SEATTLE KING WA  
City County State

## REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 7609 Holiday Blvd, Guemes Island 98221  
Holiday Hideaway #1, Lot 99, Block (66060)

Assessor's Property Tax Parcel/Account Number: P66060  
(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)

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SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20174950  
OCT 20 2017

REV 84 0017 (1/3/17)

Amount Paid \$ 0  
Skagit Co. Treasurer  
By HB Deputy

KATHLEEN LAZARA WHITMAN

66 WIFE 8044 18th Ave NE, Seattle WA 98115

Full name, age, relationship, address

MELISSA WHITMAN

37 DAUGHTER 805 South 18th St #4, Lincoln, NE 68508

Full name, age, relationship, address

ANDREW CLINTON WHITMAN

33 SON 8044 18th Ave NE Seattle WA 98115

Full name, age, relationship, address

JAMES HUNTER

73 Brother 4775 NE N Tolo Road, Bainbridge WA 98110

Full name, age, relationship, address

TERRY WHITMAN

70 Brother 1475 Eagle Dr, Burlington WA 98233

Full name, age, relationship, address

George Matthew Whitman

59 Brother HC 60 Box 2614 Haines, Alaska 99827

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 10-16-17

KATHLEEN LAZARA WHITMAN

Affiant's full name

1-206-334-1573

Telephone number

8044 18 Ave NE

Seattle WA 98115 Street  
City State Zip Code

Kathleen Lazara Whitman 10-16-17  
Signature Date

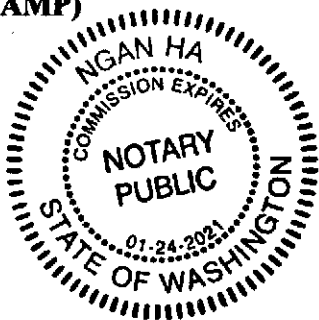
State of Washington County of King

I know or have satisfactory evidence that Kathleen Lazara Whitman  
(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: 10 / 16 / 2017

(SEAL OR  
STAMP)



[Signature]  
Signature of Notary Public

Residing at: Seattle

Notary Public in and for the State of Washington

My appointment expires: 01 / 24 / 2021

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## VITAL STATISTICS SECTION

### CERTIFIED COPY OF DEATH CERTIFICATE

**3199**

Local File Number

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Dewitt Clinton Whitman</b>				2. Death Date <b>3-17-2013</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>61</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>King</b>
7. Birth Date <b>[REDACTED]</b>	8a. Birthplace (City, Town, or County) <b>Seattle</b>	8b. (State or Foreign Country) <b>WA</b>	9. Decedent's Education <b>Some College</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 524 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>8044 18th Ave NE</b>				13b. City or Town <b>Seattle</b>	
13c. Residence: County <b>King</b>	13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>WA</b>	13f. Zip Code + 4 <b>98115</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>36 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Kathleen Lazara</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Wooden Boat Craftsman</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Boat Building</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>George Clinton Whitman</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Gloria Anna Lee</b>		
21. Informant's Name <b>Kathleen L. Whitman</b>		22. Relationship to Decedent <b>Spouse</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>8044 18th Ave NE Seattle, WA 98115</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Residence</b>					
25. Facility Name (If not a facility, give number & street or location) <b>8044 18th Ave NE</b>			26a. City, Town, or Location of Death <b>Seattle</b>		26b. State <b>WA</b>
27. Zip Code <b>98115</b>		28. Method of Disposition <b>Cremation</b>			
29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>First Cremation Service</b>		30. Location (City/Town, and State) <b>Kent, WA</b>			
31. Name and Complete Address of Funeral Facility <b>Barton Family Funeral Service 11600 1st Ave NE Kirkland, WA 98034</b>			32. Date of Disposition <b>3-26-2013</b>		
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
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. <b>carcinomatous meningitis</b>		Interval between Onset & Death <b>3 weeks</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		b.		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
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"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input 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 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: Apt./No.					
City or Town:		County:		State:	
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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.					
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, to my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
49. Name and Address of Certifying Physician, Medical Examiner, or Coroner <b>David Huntington 9800 4th Ave NE Seattle, WA 98105</b>			50. Hour of Death (24hrs) <b>1200</b>		51. Date Signed (mm/dd/yyyy) <b>3/18/2013</b>
52. Title of Certifier <b>MD</b>		53. License Number <b>21041</b>		54. Coroner File Number <b>WA 13-2174</b>	
55. Registrar Signature <i>[Signature]</i>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Date Received (mm/dd/yyyy) <b>MAR 26 2013</b>		58. Date Received (mm/dd/yyyy)			



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 48101  
Olympia, WA 98512-7811  
(360) 326-4300

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

## STATE OFFICE USE ONLY

State File Number	Doc Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of event:	3. Place of Event (city or County)
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4. Father's Full Name (last, first, middle, for Marriage or Dissolution)	5. Mother's Full Maiden Name (for Birth) (Wife for Marriage or Dissolution)
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The Record is incorrect or incomplete as follows:

The Record is: ☐ correct ☐ incorrect ☐ incomplete

6. ☐ The Record is incorrect as follows:

7. ☐ The true fact is:

8. ☐

9. ☐

10. ☐

11. ☐

12. ☐

13. ☐

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify): ☐ Telephone Number:

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

15. Signature: ☐ Date: ☐ Address:

All vital records are registered as received.

Most changes must be established by documentary proof in connection with this affidavit.

Examples of documentary proof:

Certificate of Naturalization, Court and School Records, Security Administration, School Transcripts (Official), Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), We do not accept Driver's License, Social Security Card or a hospital issued decorative birth certificate.

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.

2. The proof(s) must match exactly the asserted true facts. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or Mrs. A. Doe does not prove the name is Mary Ann Doe.

3. **Child (under 18)**

• Only parent(s) or legal guardian can change the birth certificate.

• Guardian must submit a certified court order giving them authority to act on behalf of child(ren).

• Up to age one, the last name of the child can be changed over to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court order for legal name change is required.

• Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.

• To correct birth date, place of birth or parent's information, one documentary proof is required.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

Death Certificates:

1. Only the informant, the funeral director or an authorized administrator (if evidence confirming such position is presented) may change the non-medical information.

2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (including spelling changes in name, date of birth or residence) may be changed by affidavit (with proof) by the person.

2. To change the date or place of marriage or dissolution, the official (marriage) or clerk of court (dissolution) must sign the affidavit.

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