

After recording, return to:  
Sandra L. Rollman  
915 Heather Circle #7  
Mount Vernon, WA 98273



201710230130  
Skagit County Auditor \$111.00  
10/23/2017 Page 1 of 4 11:45AM

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20174986  
OCT 23 2017

CHICAGO TITLE  
620032658

Amount Paid \$0  
By Skagit Co. Treasurer  
Deputy

Grantor (Name of Decedent): John C Rollman  
Grantee (Heirs): Sandra L Rollman  
Abbreviated Legal Description: Lot(s): 1 BRITTWOOD Tax/Map ID(s):  
Tax Parcel No.(s): P10083174578-000-001-0000

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

STATE OF WASHINGTON  
COUNTY OF Skagit

Death Certificate

The undersigned, Sandra L Rollman, executes this affidavit relating to the estate of  
John C Rollman (herein "Decedent"), who died on 4-12-17,  
in the County of Skagit, State of Wa, then being a resident of the  
City of Mt. Vernon, 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.
  - ☐ other (identify:) \_\_\_\_\_

**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: Thomas Glen Rollman  
Name and relationship: Timothy John Rollman  
Name and relationship: Sandra L. Rollman  
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 1, "Plat of Brittwood", according to the plat thereof, recorded in Volume 15 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.

Sandra L. Rollman  
Signature

10-20-17  
Date

Sandra L. Rollman  
Print Name

State of Washington

County of SKAGIT

Signed and sworn to (or affirmed) before me on October 20, 2017 by \_\_\_\_\_  
Sandra L. Rollman (name of person making statement)

Lourea L. Garka  
Name: Lourea L. Garka  
Notary Public in and for the State of Washington,  
Residing at: Certification  
My appointment expires: 10/27/2018

LOUREA L. GARKA  
STATE OF WASHINGTON  
NOTARY --- PUBLIC  
My Commission Expires 10-27-2018

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-017082

DATE ISSUED: 04/14/2017  
FEE NUMBER

FIRST AND MIDDLE NAME(S): JOHN CHARLES  
LAST NAME(S): ROLLMAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 12, 2017  
HOUR OF DEATH: 03:45 PM  
SEX: MALE AGE: 77 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, KING COUNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: SANDRA L CROFT

OCCUPATION: REPAIR  
INDUSTRY: COPY MACHINES  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: SANDY ROLLMAN  
RELATIONSHIP: WIFE  
ADDRESS: 1029 VERA COURT MOUNT VERNON, WA 98273

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL MONTHS  
B: CORONARY ARTERY DISEASE  
INTERVAL YEARS  
C:  
INTERVAL  
D:  
INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: VALVULAR HEART DISEASE  
AND ARRHYTHMIA

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1029 VERA COURT  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1029 VERA COURT  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: LAWRENCE [REDACTED]  
MOTHER/PARENT: MARY MCCULLEN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: APRIL 14, 2017

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: APRIL 13, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: APRIL 13, 2017



# Affidavit for Correction

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

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

## STATE OFFICE USE ONLY

State File Number: \_\_\_\_\_ Fee Number: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

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 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<sup>nd</sup> parent (if required):

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

### INSTRUCTIONS - go to [www.doh.wa.gov](http://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 other 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

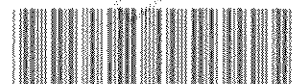
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

**TESTIFIED\***

APR 14 2017

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



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