



201711010024

Skagit County Auditor

\$78.00

11/1/2017 Page

1 of

5 10:52AM

Return Address:

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\_\_\_\_\_  
\_\_\_\_\_

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Beate Degen, 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 Sebastian M. Degen, who died on 07/02/2009  
*Decedent/Grantor* *Date*

at Concrete Skagit Washington  
*City* *County* *State*

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 8 and 9, Block 1, "Skea's Home  
Addition to the Town of Lyman, Skagit County,  
Washington, as per plat recorded in Volume 3 Plats,  
page 86, Records of Skagit County (0,2100 a) Skea's to  
Lyman, Block 1, Lot 10, Acres 0.21, also together with that portion of  
lot 8 and 9 lying adjacent to said lot 3, D.

Assessor's Property Tax Parcel/Account Number: 4133-001-008-0002  
(Attach full legal description of the property) P74567

Decedent left no Last Will and Testament. 4133-001-010-0008  
P74568 S.D.

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)

(Page 1 of \_\_\_\_\_)

Full name, age, relationship, address

Beate Degen, 58, Wife, 2633 Grand St.  
Bellingham WA 98225

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

UNWITNESSED  
PUBLIC DOCUMENT

Dated: Oct. 30, 2017

Beate Degen  
Affiant's full name

360-671-6872  
Telephone number

2633 Grant Street  
Street

Bellingham WA 98225  
City State Zip Code

Beate Degen Oct. 30, 2017  
Signature Date

State of Washington County of Whatcom

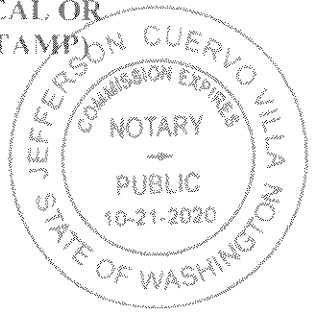
I know or have satisfactory evidence that Beate Degen  
(name of person)

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: 10/30/2017

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Bellingham

Notary Public in and for the State of Washington

My appointment expires: 10/21/2020

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **592-09**

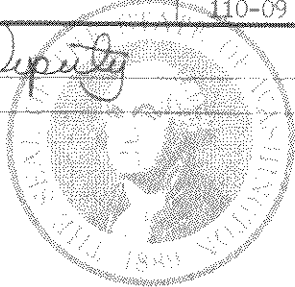
## Washington State Certificate of Death

State File Number

1. Legal Name (include AKA if any): First Middle LAST Suffix <b>SEBASTIAN MARTIN DEGEN</b>			2. Death Date <b>July 2, 2009</b>		
3. Sex: <b>Male</b>	4a. Age - Last Birthday: <b>47</b>	4b. Under 1 Year: Months Days	4c. Under 1 Day: Hours Minutes	5. Social Security Number: [REDACTED]	6. County of Death: <b>Skagit</b>
7. Birthdate: [REDACTED]	8a. Birthplace (City, Town, or County): <b>Berlin</b>	8b. (State or Foreign Country): <b>Germany</b>		9. Decedent's Education: <b>Master's Degree</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., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.): <b>2633 Grant Street</b>			13b. City or Town: <b>Bellingham</b>		13c. State or Foreign Country: <b>Washington</b>
13d. Residence - County: <b>Whatcom</b>	13e. Tribal Reservation Name (if applicable):	13f. Zip Code - 4: <b>98225</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>5 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>Beate [REDACTED]</b>			
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE KEYWORD)) <b>Self Employed</b>			18. Kind of Business/Industry (Do not use Company Name): <b>Drum Manufacturing</b>		
19. Father's Name (First, Middle, Last, Suffix): <b>Martin Degen</b>			20. Mother's Name Before First Marriage (First, Middle, Last): <b>Elizabeth Bachmann</b>		
21. Informant's Name: <b>Beate Degen</b>		22. Relationship to Decedent: <b>Wife</b>	23. Mailing Address - Number and Street or RFD No. City or Town State Zip <b>2633 Grant St. Bellingham, WA 98225</b>		
24. Place of Death, if Death Occurred in a Hospital:			25. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Other - Concrete Airport</b>		
25. Facility Name (if not a facility, give number & street location): <b>Concrete Municipal Airport</b>			26a. City, Town, or Location of Death: <b>Concrete</b>	26b. State: <b>WA</b>	27. Zip Code: <b>98237</b>
28. Method of Disposition: <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place): <b>Jerns Funeral Chapel Crematory</b>		30. Location - City/Town, and State: <b>Bellingham, WA</b>	
31. Name and Complete Address of Funeral Facility: <b>Jerns Funeral Chapel 800 E. Sunset Dr. Bellingham, WA</b>			32. Date of Disposition: <b>July 7, 2009</b>	33. Funeral Director Signature X:	
34. Cause of Death (See instructions and examples) 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) → <b>Atherosclerotic Cardiovascular Disease</b> Interval between Onset & Death: <b>years</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. Due to (or as a consequence of): c. Due to (or as a consequence of): d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above:			36. Autopsy? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Pending		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: City or Town County State Zip Code 4			47. If transportation injury, specify: <input type="checkbox"/> Driving Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other (Specify)		
45. Describe how injury occurred:			48a. Certifying Physician (Type or Print): <b>Daniel Dempsey, Coroner</b>		
45. Describe how injury occurred:			48b. Medical Examiner/Coroner (Type or Print):		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): <b>Daniel Dempsey, Coroner P.O. Box 1306 Mount Vernon, WA 98273</b>			50. Hour of Death (24hrs): <b>0630 hrs</b>		51. Name and Title of Attending Physician (if other than Certifier) (Type or Print):
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print):			52. Date Signed (mm/dd/yyyy): <b>July 3, 2009</b>		53. Title of Certifier: <b>County Coroner</b>
53. Title of Certifier: <b>County Coroner</b>		54. License Number:	55. ME/Coroner File Number: <b>110-09</b>	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X:			58. Date Received (mm/dd/yyyy): <b>JUL 06 2009</b>		
59. Amendments:					

Part 1 completed by Funeral Director

Part 2 completed by Certifier



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.  
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record

Amend Type	Death	Marriage	Dissolution
1 Name			
4 Father of			
9			
10			
11			
14 I requested my parent(s) be	Self	Guardian	Informant
	Federal Director	Other (Specify)	
15 Separation			

All changes must be substantiated by the appropriate person and must be made in ink.

This affidavit cannot be used for any other purpose than to correct an error on the primary affidavit form 01-01-01-01.

**\*CERTIFIED\***

AUG 13 2009

Howard Leibrand M.D. Health Officer

SS00167923

