Return Address:

201712280075
Skagit County Auditor $78.00
12/28/2017 Page 1 of 5 4:20PM

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Marie E Eberenfieldt 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 Raymond W Eberenfieldt, who died on 11/6/16
Decedent/Grantor *Date*

at Sedro Wooley Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: NE Quarter Section 13, Township 35 North Range 5 East

Assessor's Property Tax Parcel/Account Number: 38983 & 38961
(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)

Marie E Ehrenfeldt, 78 widow (wife)
29792 State Route 20 Sedro Wooley WA 98284
Full name, age, relationship, address

Sheryl Attolini, 59 daughter
1141 Slater Road Bellingham, WA 98226
Full name, age, relationship, address

Darla Van Duren 55 daughter
2228 102nd PL SE Everett, WA 98208
Full name, age, relationship, address

Raylene Levy 51 daughter
26910 92nd Ave NW c5 PMB 408 Stanwood, WA 98292
Full name, age, relationship, address

Richard Ehrenfeldt 71 Brother
3344 Villa Lane Bellingham, WA 98225
Full name, age, relationship, address

Joan Blazina 76 Sister
19 Anacar Place Camano Island, WA 98282
Full name, age, relationship, address

Carol Besio 68 sister
unknown
Full name, age, relationship, address

Full name, age, relationship, address

Dated: December 28, 2017

Marie E Eherenfieldt
Affiant's full name

360-826-3082
Telephone number

29792 State Route 20
Street

Sedro Woolley WA 98284
City *State* *Zip Code*

Marie E Eherenfieldt 12/28/17
Signature *Date*

State of Washington County of Skagit

I know or have satisfactory evidence that Marie E. Eherenfieldt
(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: 12/28/17

Signature of Notary Public

(SEAL OR STAMP)

BRADLEY SLOAN NOTARY PUBLIC COMMISSION EXPIRES 06-28-2020 STATE OF WASHINGTON

Residing at: Mount Vernon

Notary Public in and for the State of WA.

My appointment expires: 6/28/2020

REV 84.0017 (6/24/16)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-000484

DATE ISSUED: 01/08/2016

FEE NUMBER: 0000000029

GIVEN NAMES: RAYMOND WILLIAM
LAST NAME: EHERENFIELDT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 06,2016
HOUR OF DEATH: 02:00 P.M.
SEX: MALE
AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MARIE HALL

OCCUPATION: MACHINE TENDER
INDUSTRY: PULP MILL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: MARIE EHERENFIELDT
RELATIONSHIP: WIFE
ADDRESS: 29792 SR 20, SEDRO-WOOLLEY, WASHINGTON 98284

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 29792 SR 20
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER/PARENT: MERDIAN WRIGHT EHERENFIELDT
MOTHER/PARENT: LILIAN IONE [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVANS FUNERAL CHAPEL
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: JANUARY 09,2016

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

CAUSE OF DEATH:
A. PNEUMONIA
INTERVAL: 1 MONTH
B. LUNG CANCER
INTERVAL: 1 YEAR
C. NICOTINE USE
INTERVAL: UNKNOWN
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY,STATE,ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: JANUARY 07,2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: MJA# 015
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JANUARY 08,2016

DOH 01-003 (1/15)

Affidavit for Correction

Birth Death Marriage

CERTIFIED

JAN 08 2016

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

DD00351423