

CHMELIK SITKIN & DAVIS P.S.  
1500 Railroad Avenue  
Bellingham, WA 98225  
(360) 671-1796



Skagit County Auditor  
1/19/2018 Page 1 of 5 10:38AM \$78.00

**AFFIDAVIT OF NON-PROBATE**

**GRANTOR:** VICKIE L. BEST, surviving spouse of Rick P. Best, Deceased  
**GRANTEE:** THE PUBLIC  
**LEGAL DESCRIPTION:** LOT 6, PRESENTIN RANCH  
**TAX PARCEL NO.:** 121840  
**REF. NO. OF RELATED DOC(S):**

**AFFIDAVIT OF NON-PROBATE  
ESTATE OF RICK P. BEST, DECEASED**

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2018212  
JAN 19 2018

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

Amount Paid \$  
Skagit Co. Treasurer  
By *me* Deputy

VICKIE L. BEST, being first duly sworn on oath, deposes and says:

- I am the surviving spouse of RICK P. BEST, deceased. I am the owner of the real property described on Exhibit "A" attached hereto, situate in Skagit County, Washington.
- RICK P. BEST died on September 6, 2017, being a resident of Concrete, Skagit County, Washington. A certified copy of his Certificate of Death is attached hereto as Exhibit "B."
- RICK P. BEST left no Last Will and Testament.
- The heirs at law of RICK P. BEST and their relationship to RICK P. BEST, are as follows:

VICKIE L. BEST  
MELISSA M. PATTERSON  
CHRISTOPHER S. MARSHALL  
KRISTINA KOLE  
JIM BEST

Surviving Spouse  
Adult Daughter  
Adult Son  
Adult Daughter  
Adult Son

5. All of the debts of RICK P. BEST and/or RICK P. BEST'S marital community, including but not limited to all expenses of his last illness, funeral and burial expenses, and all applicable federal and state succession or inheritance taxes have been fully paid or provided for.

6. At the time of RICK P. BEST'S death, he owned a community property interest with the undersigned, VICKIE L. BEST, in that certain parcel of real property described on Exhibit "A" attached hereto.

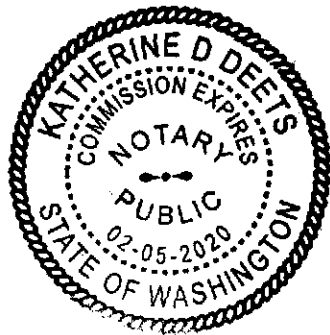
7. RICK P. BEST did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services, including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

8. This affidavit is made to provide information sufficient to induct the issuance of title insurance for real property in which RICK P. BEST had an interest at the time of his death. The undersigned intends that a title insurance company may issue its policy or policies in full reliance upon the representations made herein. The undersigned makes this Affidavit intending to avoid the necessity of a probate proceeding to prove the insurability of title. The undersigned recognizes that individuals who may induce the reliance of a title insurance company upon this affidavit may be required to indemnify and hold harmless a title insurance company issuing a title insurance policy in reliance upon these representations.

DATED this 11 day of January, 2018, at Bellingham, Washington.

Vickie L. Best  
VICKIE L. BEST

Subscribed and sworn to before me this 11 day of January, 2018.



Katherine D. Deets  
Print Name: Katherine Deets  
NOTARY PUBLIC in and for the  
State of Washington, residing at Bellingham

EXHIBIT "A"  
LEGAL DESCRIPTION

Lot 6, "Plat of Presentin Ranch," recorded on August 9, 2004, under Auditor's  
File No. 200408090115, records of Skagit County, Washington.

Situate in Skagit County, Washington;

Parcel No. 121840.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-038627

DATE ISSUED: 09/14/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICKIE PATRICK  
LAST NAME(S): BEST

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 06, 2017  
HOUR OF DEATH: 05:20 AM  
SEX: MALE AGE: 60 YEARS  
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 7307 PRESENTIN RANCH RD.  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

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

RESIDENCE STREET: 7307 PRESENTIN RANCH RD.  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SAN JOSE, SANTA CLARA COUNTY, CA

FATHER/PARENT: GEORGE BEST  
MOTHER/PARENT: IRENE MINNIE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: VICKIE LYNN WALTERS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

OCCUPATION: SOFTWARE ENGINEER  
INDUSTRY: RADIOLOGY SOFTWARE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: MARYSVILLE, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 07, 2017

INFORMANT: VICKIE LYNN BEST  
RELATIONSHIP: SPOUSE  
ADDRESS: 7307 PRESENTIN RANCH RD., CONCRETE, WA, 98237

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

CAUSE OF DEATH:  
A: LIPOSARCOMA, WIDELY METASTATIC  
INTERVAL: 2 YEARS

B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

ADDRESS: 3710 168TH ST NE SUITE #B209  
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223  
FUNERAL DIRECTOR: JUDY A. JEWELL

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: SEPTEMBER 06, 2017

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: SEPTEMBER 07, 2017



# 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	Fee Number	Initials	Date	Affidavit Number
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### 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 of 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"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <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:
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**

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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\*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**

- 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.
- 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 one piece of documentary proof.
- 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

# \*CERTIFIED\*

SEP 14 2017

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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

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