



201801250076

Skagit County Auditor

\$78.00

1/25/2018 Page

1 of

5 11:30AM

RETURN DOCUMENT TO:

Service Link

1355 Cherrington Pkwy

Moon Township, PA 15108

*Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047***DOCUMENT TITLE(S):**

Lack of Probate Affidavit

AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S) BEING ASSIGNED OR RELEASED.

Additional reference numbers can be found on page _____ of document.

GRANTOR(S):

Richard Paul Messer

Additional grantor(s) can be found on page _____ of document.

GRANTEE(S):

Madelyn Marlene Messer

Additional grantee(s) can be found on page _____ of document.

ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township and range OR; unit, building and condo name.)

Lots 5 and 6, Block 1

Additional legal(s) can be found on page _____ of document.

ASSESSOR'S 16-DIGIT PARCEL NUMBER:

P101279 and 4123-009-006-0009

Additional numbers can be found on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

Return to:

EXEMPT FROM TRANSFER TAX

WAC 458-61A-202(6)(i) by operation of law

LACK OF PROBATE AFFIDAVIT

Laureal Garcia (notary) being first duly sworn, deposes and says:

The undersigned Affiant/Grantee Madelyn Marlene Messer is a rightful heir, as listed on Heirs at Law, to the real property described below, and is the wife of the decedent Richard Paul Messer who died on Sept. 10, 2017 at Skagit County, Washington.

The real property subject to this Affidavit is:

Lots 5 and 6, Block 1, "Map of Laconner, Whatcom County, Washn. Terry., 1872," as per plat recorded in Volume 2 of Plats, page 49, records of Skagit County, Washington.

Assessor's Parcel Number: P101279 and 4123-009-006-0009

Property Address is: 608 4th St., La Conner, WA 98257.

☒

Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which has not been probated or revoked

The heirs at law of Richard Paul Messer are as follows (attach separate pages if needed):

Name: Madelyn M. Messer

Age: 64

Relationship: Wife

Address: 608 4th St., Laconner, WA 98257

Dated: 12/23/17

Madelyn Markae Messer
Affiant's signature

Tel number 360-548-9633

Address 608 4th St, LA Conner, WA 98257

STATE OF WA COUNTY OF SKAGIT ss:

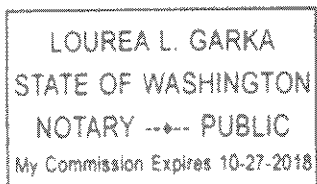
I know or have satisfactory evidence that Madelyn Markae Messer is the person who appeared before me and said person acknowledged that he/she signed this Affidavit and acknowledged it to be his/her free and voluntary act for the uses and purposes therein mentioned.

Dated: December 23, 2017

Lourea L. Garka

Notary Public Lourea L. Garka
My commission expires:

10/27/2018



This instrument prepared by:
Jay A. Rosenberg, Rosenberg LPA, Washington State Bar Number 50102; 3805
Edwards Road, Suite 550, Cincinnati, Ohio 45209.

Commitment #23172690

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-039556

DATE ISSUED: 09/14/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD PAUL
LAST NAME(S): MESSER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 10, 2017
HOUR OF DEATH: 12:00 PM
SEX: MALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BUFFALO, ERIE COUNTY, NY

MARITAL STATUS: MARRIED
SPOUSE: MADELYN WORLEY

OCCUPATION: AEROSPACE QUALITY INSPECTOR
INDUSTRY: AEROSPACE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: MADELYN MESSER
RELATIONSHIP: WIFE
ADDRESS: 608 SOUTH 4TH STREET LA CONNER WASHINGTON 98257

CAUSE OF DEATH:
A: CARDIOPULMONARY ARREST
INTERVAL: IMMEDIATE
B: ARRHYTHMIA
INTERVAL: DAYS
C: HYPERLIPIDEMIA
INTERVAL: MONTHS
D: MORBID OBESITY, SMOKING
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 608 SOUTH 4TH STREET
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

FATHER/PARENT: PAUL MESSER
MOTHER/PARENT: EDITH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 16, 2017

FUNERAL FACILITY: EVERGREEN FUNERAL HOME & CEMETERY

ADDRESS: 4504 BROADWAY
CITY, STATE, ZIP: EVERETT, WASHINGTON 98203
FUNERAL DIRECTOR: ROGER JOHNSON

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

CERTIFIER NAME: AMARJIT RAI, DO
TITLE: DO
CERTIFIER ADDRESS: 3823 172ND STREET NE
CITY, STATE, ZIP: ARLINGTON, WA 98223
DATE SIGNED: SEPTEMBER 13, 2017

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

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



Affidavit for Correction

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

Mailed 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 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)

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 foregoing is true and correct

16a. Signature

16b. Signature of 2nd parent (if required)

Printed name

Date

Printed name

Date

INSTRUCTIONS - go to 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 either parent's 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)

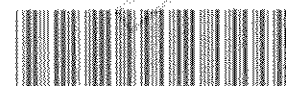
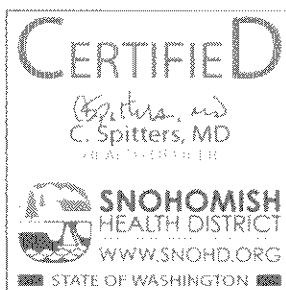
Death Certificates

1. Only the informant, the funeral director, or executor/administrator (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 422-032 October 2015



0 1 3 8 2 3 2 2