

201803090082

Skagit County Auditor

\$111.00

3/9/2018 Page

1 of

4 3:34PM

After recording, return to
Enid Baher
7 Woods road
Omak, WA 98841

CHICAGO TITLE
020033457

Grantor (Name of Decedent): Randy Baher
Grantee (names): Enid Baher
Abbreviated Legal Description: Ed(s) 27 PRESENTIN CRK WILDERNESS SUB DIV 2
Tax Parcel No(s): P68139 / 3968-000-027-0002

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

The undersigned Enid Baher executes this affidavit relating to the estate of
Randy Baher (herein "Decedent"), who died on 6-25-17
in the County of Whatcom State of Washington, then being a resident of the
City of Concrete County of Skagit State of Washington

(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 _____
Immediately prior to Recording 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: N/A
Name and relationship: _____
Name and relationship: _____
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 27 FRESSENTIN CREEK WILDERNESS DIV. NO. 2, according to the plat thereof recorded in Volume 4 of Plats, pages 38 and 39 records of Skagit County, Washington.

Situated 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.

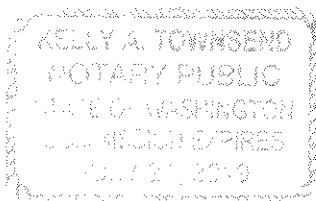
Enid Baher
Signature

3-1-18
Date

Enid Baher
Print Name

State of Washington
County of Okanogan

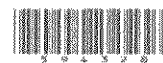
Signed and sworn to (or affirmed) before me on 3-1-18 by Enid Baher
(name of person making statement)



Kelly A. Townsend
Name: Kelly A. Townsend
Notary Public in and for the State of Washington.
Residing at: Okanogan
My appointment expires: 7-31-2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-028383

DATE ISSUED: 06/29/2017

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): RANDAL RAY

LAST NAME(S): BAHER

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: JUNE 25, 2017

HOUR OF DEATH: 07:30 PM

SEX: MALE

AGE: 61 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: COUPEVILLE, ISLAND COUNTY, WA

MARITAL STATUS: MARRIED

SPOUSE: ENID HARVILL

OCCUPATION: HEAVY EQUIPMENT OPERATOR

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: ENID BAHER

RELATIONSHIP: SPOUSE

ADDRESS: 9009 WEST PRESENTIN DRIVE, CONCRETE, WA, 98237

CAUSE OF DEATH:

A: COMPLICATIONS FROM ALCOHOLIC CIRRHOSIS OF LIVER

INTERVAL: UNKNOWN

B: ALCOHOL ABUSE

INTERVAL: UNKNOWN

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, VIRAL HEPATITIS C, ADULT FAILURE TO THRIVE, ON
HOSPICE SERVICE.

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: NORTH CASCADE HEALTH & REHABILITATION

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 9009 WEST PRESENTIN DRIVE

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: RUPERT RONHAR

MOTHER/PARENT: MYRNA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: JUNE 30, 2017

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

FUNERAL DIRECTOR: TIM D. POWELL

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: CINDY PEERS, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #100

CITY, STATE, ZIP: BELLINGHAM, WA 98225

DATE SIGNED: JUNE 26, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: CINDY PEERS

LOCAL DEPUTY REGISTRAR: LEEANN IMPERO

DATE RECEIVED: JUNE 28, 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 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"/> 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:

8. The record now shows:	9. The true fact is:
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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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 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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD

