

After recording, return to:
Mary June Schons
PO Box 958
North Bend, WA 98045



201805180091

05/18/2018 02:00 PM Pages: 1 of 4 Fees: \$111.00
Skagit County Auditor

CHICAGO TITLE
020034166

Grantor (Name of Decedent): LEO SCHONS
Grantee (Heirs): MARY JUNE SCHONS
Abbreviated Legal Description: Lot(s): 16 BLACKBERRY MEADOWS
Tax Parcel No.(s): P110850 / 4686-000-016-0000

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

STATE OF WASHINGTON
COUNTY OF SKAGIT

Death Certificate

The undersigned, MARY JUNE SCHONS, executes this affidavit relating to the estate of LEO SCHONS (herein "Decedent"), who died on 1-13-10, in the County of USA, State of WASHINGTON, then being a resident of the City of Mt. Vernon, 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 _____ [mm/dd/yyyy], under Recording No. _____, 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: MARY JUNE SCHONS, WIFE

Name and relationship: LEO SCHONS, JR., SON

Name and relationship: JENIFER SCHONS LEWIS, DAUGHTER

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 16, "Plat of Blackberry Meadows," according to the plat thereof, recorded in Volume 16 of Plats, Pages 147 and 148, records of Skagit County, Washington.

Situate 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.

Mary June Schons
Signature

05-09-2018 5-16-2018
Date Date

Mary June Schons
Print Name

Mary June Schons
Signature

State of Washington

County of Kittitas

Signed and sworn to (or affirmed) before me on May 16 2018 by
Mary June Schons
(name of person making statement).

Cheryl A Chambers
Name: Cheryl A Chambers
Notary Public in and for the State of Washington,
Residing at: East Wenatchee, WA

My appointment expires: May 2 2021



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 33-10		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Leo H Schons			2. Death Date 01/13/2010		
3. Sex (M/F) M	4a. Age - Last Birthday 76	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	6. County of Death Skagit	
8a. Birthplace (City, Town, or County) Leavenworth		8b. (State or Foreign Country) Washington		Education High School	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 1525 Blackberry Dr.			13b. City or Town Mount Vernon		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98273		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 14 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Mary-Jane	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Orchards			18. Kind of Business/Industry (Do not use Company Name) Agriculture		
19. Father's Name (First, Middle, Last, Suffix) Leonard S. Schons			20. Mother's Name Before First Marriage (First, Middle, Last) Grace M. Rupp		
21. Informant's Name June Schons		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1525 Blackberry Dr. Mount Vernon WA 98273	
24. Place of Death, if Death Occurred in a Hospital: Nursing Home					
25. Facility Name (if not a facility, give number & street or location) Life Care Center of Mount Vernon			26a. City, Town, or Location of Death Mount Vernon		26b. State WA
27. Zip Code 98274		28. Method of Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park			30. Location-City/Town, and State Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility Alpha-Omega Burial and Cremation Service 2021 E. College Way Mount Vernon WA					32. Date of Disposition January 15, 2010
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. 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)			a. Metastatic Non-small cell Lung cancer		Interval between Onset & Death Years
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. _____		Interval between Onset & Death
			c. _____		Interval between Onset & Death
			d. _____		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes			36. Autopsy? <input type="checkbox"/> Yes <input checked="" 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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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 checked="" 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: Apt No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause stated above. (Type or Print) Henry Pforte			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place stated above and due to the cause and manner stated above. (Type or Print) X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Henry Pforte, Dr. 1400 East Kincaid Mount Vernon, WA 98274			50. Hour of Death (24hrs) 0015		52. Date Signed (mm/dd/yyyy) 1/13/2010
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			53. Title of Certifier Dr.		54. License Number MD 00041816
55. ME/Coroner File Number			56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature X Connie Anderson			58. Date Received (mm/dd/yyyy) JAN 19 2010		
59. Amendments					



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (5/99)



201805180091

Center for Health Statistics
Olympia, WA 98507-9709
(360) 236-4300

Affidavit for Correction 05/18/2018 02:06 PM Page 4 of 4

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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JAN 21 2010

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

TT00116692