

After recording, return to:
Miriam Myers
1040 NE Summit Loop
Coupeville, WA 98239



201806010104

08/01/2018 03:47 PM Pages: 1 of 5 Fees: \$112.00
Skagit County Auditor

CHICAGO TITLE
620034314

Grantor (Name of Decedent): Willis Wilkinson Myers
Grantee (Heirs): Miriam V. Myers
Abbreviated Legal Description: Unit(S): I-2 Condo: MARINER RIDGE VILLAS A CONDO
Tax Parcel No.(s): P123824 / 4877-000-009-0200

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, Miriam V. Myers, executes this affidavit relating to the estate of Willis W. Myers (herein "Decedent"), who died on April 4, 2011, in the County of Island, State of Washington, then being a resident of the City of Coupeville, County of Island, 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: Miriam V. Myers, wife Coupeville, WA

Name and relationship: Bill Myers, son Coupeville, WA

Name and relationship: Dan Volle, Brother, Colorado Springs, CO

Name and relationship: Joel Volle, Brother Wheaton, IL

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:

Unit I-2, MARINER'S RIDGE VILLAS, A CONDOMINIUM, according to the Declaration thereof recorded December 7, 2005, under Auditor's File No. 200512070089, records of Skagit County, Washington and any amendments thereof; and Survey Map and Plans recorded December 7, 2005, under Auditor's File No. 200512070088, 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.

Miriam V. Myers
Signature

4-10-2018
Date

Miriam V. Myers
Print Name

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

State of Washington.

County of SkagitSigned and sworn to (or affirmed) before me on April 10, 2018 by Miriam
V. Myers (name of person making statement).Name: JUSTYNE P. RIEHL
Notary Public in and for the State of
Washington,
Residing at: Sedro Woolley
My appointment expires: 12-9-21

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 114		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix WILLIS WILKINSON MYERS			2. Death Date 04/04/2011		
3. Sex (M/F) M	4a. Age - Last Birthday 77	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. [Redacted]	6. County of Death Island
7a. Birthplace (City, Town, or County) Kenton		7b. (State or Foreign Country) Ohio		9. Decedent's Education 6+ years college Masters Degree in Physics	
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? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1040 NE Summit Loop			13b. City or Town Coupeville		
13c. Residence: County Island	13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98239	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 5 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Miriam Ruth Volle	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Engineer			18. Kind of Business/Industry (Do not use Company Name) Aerospace		
19. Father's Name (First, Middle, Last, Suffix) Willis Wilkinson Embra Myers			20. Mother's Name Before First Marriage (First, Middle, Last) Ruth Aleta [Redacted]		
21. Informant's Name Miriam V. Myers		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1040 NE Summit Loop, Coupeville, WA 98239	
24. Place of Death, if Death Occurred in a Hospital: Emergency room			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Whidbey General Hospital			26a. City, Town, or Location of Death Coupeville	26b. State WA	27. Zip Code 98239
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Sunnyside Cemetery		30. Location-City/Town, and State Coupeville, WA	
31. Name and Complete Address of Funeral Facility Whidbey Memorial Funeral & Cremation Svc., Inc. 746 NE Midway Blvd., Oak Harbor, WA 98277			32. Date of Disposition 04/06/2011		
33. Funeral Director Signature X <i>Paul E. Kuzina</i>			Paul E. Kuzina		
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) → Unspecified Natural Causes				Interval between Onset & Death 5 days	
Due to (or as a consequence of):				Interval between Onset & Death	
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				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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"/> Homicide <input type="checkbox"/> Accident <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 type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) N/A	42. Hour of Injury (24hrs) N/A	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) N/A		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: N/A			Apt No.		
City or Town: N/A			County: State: Zip Code + 4:		
46. Describe how injury occurred N/A			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(s); and manner stated <i>Nicholas M. Perera</i> MD			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Nicholas M. Perera, MD, 101 N. Main St., Coupeville, WA 98239			50. Hour of Death (24hrs) 0715		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) 04/05/2011		
53. Title of Certifier Physician		54. License Number MD 60065-052		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Barbara Cope</i>		58. Date Received (mm/dd/yyyy) 04-05-2011		59. Amendments	



Affidavit for Correction

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Center for Health Statistics
Olympia, WA 98507-3709
(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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:

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

APR 05 2011

R.S. Case
R.S. Case, M.D., Health Officer
Island County Health Dept.

TT00217497