



201806040059

06/04/2018 11:18 AM Pages: 1 of 5 Fees: \$78.00
Skagit County Auditor

Return Address:

Wescott S. Wolfe
1310 STEVING DR.
ANACORTES, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20182347
JUN 04 2018

Amount Paid \$ 0
Skagit Co. Treasurer
By: HB Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wescott S. Wolfe, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Husband

Relationship to decedent

of Patricia M. Wolfe

Decedent/Grantor

, who died on 11/17/2017
Date

at Anacortes WA 98221
City County

WA
State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: TRACK 58, "Skyline NO 3", AS
per plat recorded in Volume 9 of Plats,
pages 54 and 55, records of SKAGIT
COUNTY WASHINGTON

Assessor's Property Tax Parcel/Account Number: 59163
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of 3)

JENNIFER Paddock, 55, daughter
4601 Blakely Dr. Anacortes, WA. 98221

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: JUNE 4, 2018
WESCOAT S. WOLFE
Affiant's full name
360-299-0376
Telephone number
5310 STERLING DRIVE
ANACORTES WA 98221
City State Zip Code
Wescoat S. Wolfe 6/4/2008
Signature Date

State of Washington County of SKagit

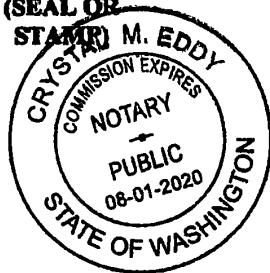
I know or have satisfactory evidence that WESCOAT S. WOLFE
(name of person)

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 mentioned in this affidavit.

Dated: 06.04.2018

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: BOW WA

Notary Public in and for the State of WA

My appointment expires: 08.1.2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-050016

DATE ISSUED: 06/04/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIRGINIA

LAST NAME(S): WOLFE

AKA: CATHERINE VIRGINIA WOLFE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 17, 2017

HOUR OF DEATH: 07:30 PM

SEX: FEMALE AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: CATONSVILLE, MD

MARITAL STATUS: MARRIED

SPOUSE: WESCOAT S WOLFE

OCCUPATION: REGISTERED NURSE

INDUSTRY: HEALTHCARE

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: WES WOLFE

RELATIONSHIP: HUSBAND

ADDRESS: 5310 STERLING DRIVE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: IMMEDIATE

B: DEMENTIA

INTERVAL: 10 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

AKA:

AKA:

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 5310 STERLING DRIVE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5310 STERLING DRIVE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: CONRAD JOSEPH MCKENZIE

MOTHER/PARENT: ELEANOR INGRAHAM [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: NOVEMBER 28, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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

CERTIFIER NAME: ROB RIEGER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: NOVEMBER 20, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LESLIE GOFF

DATE RECEIVED: NOVEMBER 22, 2017



Affidavit for Correction

201806040059

Mail to: Center for Health Statistics

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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

Required	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:
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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 nd parent (if required):
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 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

CERTIFIED

JUN 04 2018

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



0 1 8 0 5 4 8 2

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