



201806080046

06/08/2018 11:01 AM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

Return Address:
Edmonds Wills & Trusts
114 2nd Ave S., Suite 101
Edmonds, WA 98020

WASHINGTON STATE COUNTY AUDITOR/RECORDER'S

INDEXING FORM (Cover Sheet)

(RCW 65.04)

Please print or type information

Document Title(s) (or transactions contained herein): Lack of Probate Affidavit
Reference Number(s) of Document(s) assigned or release: <input type="checkbox"/> Additional reference numbers on page __ of document.
Grantor(s) (Last name first, then first name and initials): Renfro, Joseph R., Jr. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): Renfro, Marianne <input type="checkbox"/> Additional names on page __ of document.
Legal Description (abbreviated: i.e. lot, block, plat or section, township, range): Lot 40, Creekside Village, Phase II <input checked="" type="checkbox"/> Additional legal is on Exhibit A of document.
Assessor's Property Tax Parcel/Account Number(s) P84015, 4536-000-040-0007 <input type="checkbox"/> Assessor tax number not yet assigned.
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

After Recording Return To:
Edmonds Wills & Trusts
114 2nd Ave S., Suite 101
Edmonds, WA 98020

**AFFIDAVIT
LACK OF PROBATE**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Marianne Renfro, being first duly sworn on oath, deposes and says:

1. The undersigned is the surviving spouse of Joseph Robert Renfro Jr., who died on May 16, 2018, and at the time of his death was a resident of and domiciled in City, Skagit County, Washington. A true and correct copy of the Death Certificate of Joseph Robert Renfro Jr. is attached hereto as exhibit "B." Prior to his death Joseph Robert Renfro Jr. had been a resident of the State of Washington in excess of number () years.

2. On September 13, 1983 Joseph Robert Renfro Jr. duly and properly executed a Last Will and Testament. Said Last Will and Testament has not been admitted to probate in the State of Washington. However, the original of said Last Will and Testament has been filed with the Clerk of the Skagit County Superior Court in and for the State of Washington under File Number : **18-4-00206 29**

3. Prior to the death of Joseph Robert Renfro Jr. the undersigned and the decedent had been continuously married in excess of sixty-one (61) years. At the time of the decedent's death all of the decedent's property, both real and personal, constituted of community property. The decedent had no separate property. In addition to the undersigned, surviving spouse, the decedent is survived by three (3) children born of this marriage, to-wit: Brian Keith Renfro, Michael A. Renfro, and Gregory R. Renfro. Under the laws of the State of Washington, RCW 11.04.015 (1)(a), all of the decedent's share of the community property shall pass to, and the sole surviving heir at law is, Marianne Renfro, surviving spouse of legal age.

4. At the date of the death of Joseph Robert Renfro Jr., the decedent, had an interest in that certain real property located in Skagit County, State of Washington, and as described in Exhibit A attached hereto and incorporated herein by this reference.

5. As of the date of death of Joseph Robert Renfro Jr. the value of his interest in all community property was approximately one-hundred-twelve-thousand dollars (\$112,000).

6. All debts of the decedent including, but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid.

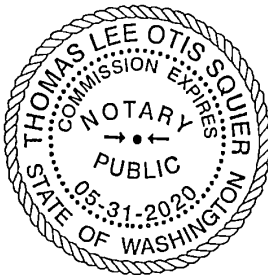
7. Joseph Robert Renfro Jr. has never received assistance from either the State of Washington for subsistence or medical care (medicaid/welfare) in the past.

DATED this 25th day of May, 2018.

Marianne Renfro

Marianne Renfro
Surviving spouse of Joseph Robert Renfro Jr.
Deceased

SUBSCRIBED AND SWORN TO before me this 25th day of May, 2018.



Thomas Lee Otis Squier

Type or Print Name Thomas Lee Otis Squier

Notary Public in and for the State of

Washington, residing at Bothell

My Commission Expires: 05/31/2020

EXHIBIT A

Property Address: 2101 Creekside Circle, Anacortes, WA 98221

Property Tax Parcel Number: P84015, 4536-000-040-0007

Property Legal: Lot 40, "CREEKSIDE VILLAGE, PHASE II", as per plat recorded in Volume 14 of Plats, pages 133 and 134, records of Skagit County, Washington

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-022641

EXHIBIT

DATE ISSUED: 05/25/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOSEPH ROBERT
LAST NAME(S): RENFRO JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 16, 2018
HOUR OF DEATH: 01:35 PM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WA

MARITAL STATUS: MARRIED
SPOUSE: MARIANNE MCDONALD

OCCUPATION: POSTAL EMPLOYEE
INDUSTRY: GOVERNMENT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: MARIANNE RENFRO
RELATIONSHIP: SPOUSE
ADDRESS: 2101 CREEKSIDE CIRCLE, ANACORTES, WA 98221

CAUSE OF DEATH:
A: METASTATIC PANCREATIC CANCER
INTERVAL: TWO MONTHS
B:
INTERVAL:
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

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: FIDALGO CARE CENTER
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2101 CREEKSIDE CIRCLE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: JOSEPH ROBERT RENFRO
MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: MAY 22, 2018

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: LORRI M. DENISON

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: HELEN YOUNG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: MAY 18, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: HELEN YOUNG, MD

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MAY 22, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201806080046

Center for Health Statistics
06/08/2018 11:01 AM Page 1 of 6
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:	

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:	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

CERTIFIED

MAY 25 2018

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



0 1 8 0 5 2 8 4

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