



201806140009

06/14/2018 08:56 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

When recorded return to:

Planning With Purpose, Inc
Paul H. Grant, JD
2031-196th St SW, Suite B-201
Lynnwood, WA 98036

AFFIDAVIT OF COMMUNITY PROPERTY (LACK OF PROBATE)

GRANTOR: Estate of Albert R. Rollin, Jr.

GRANTEE: Marian B. Rollin

LEGAL DESCRIPTION: (0.1000ac) (Title Elimination) Including Manufactured Home
1972 Broadmore 64X14 Serial Number 24923

**ASSESSOR'S PROPERTY TAX – P59407
PARCEL OR ACCOUNT NO.**

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2018 2558
JUN 14 2018

MARIAN B. ROLLIN, being first duly sworn, deposes and says:

Amount Paid \$0
Skagit Co. Treasurer
By *mm* Deputy

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, and is the surviving Spouse of ALBERT R. ROLLIN, JR. ("Decedent"), who died on June 18, 2001 in Skagit County, Washington. A certified, redacted copy of the Death Certificate is attached hereto as *Exhibit A*.

Real Property Description: Lot 17, SKYLINE NO. 6, according to the plat thereof recorded in Volume 9 of Plats, pages 64 through 67A, records of Skagit County, Washington;

Situated in Skagit Count, Washington.

SUBJECT TO: Restrictions, reservations and easements of record.

Status of Will

Decedent left no Last Will and Testament and/or Community Property Agreement.

The Decedent executed no Wills, agreements to convey, Community Property Agreements, conveyances in escrow, mortgages, deeds of trust, lien agreements, revocable trusts, or other instruments for the purpose of conveying or encumbering the land subject of this affidavit. The Affiant is entitled to distribution of the subject property from the Decedent because Decedent and Affiant were Husband and Wife, took title to the property as Husband and Wife, and as such property is community in nature, belonging to the Affiant as surviving spouse.

Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Marian B. Rollin 1105 27 th St. Unit 210, Mt. Constitution Bldg. Anacortes, WA 98221	Over 18	Surviving Spouse
Terri L. Rollin 27 Old Kent Rd., Mansfield Center, CT 06250	Over 18	Daughter
Susannah M. Raulino 4502 Credo Ln., Austin, TX 78725	Over 18	Daughter

The Affiant states of her own knowledge that each of the obligations of the Estate of Decedent, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant and Decedent's surviving spouse. The amount of income tax and any estate taxes due have also been satisfied.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities, and the Affiant. Affiant covenants to indemnify any such purchaser, title insurer, or other person for any loss arising from reliance on a misstatement of fact herein.

DATED this 19th day of April, 2018.


MARIAN B. ROLLIN, Affiant

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that MARIAN B. ROLLIN is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated: April 19, 2018.

/s/ *Paul H. Grant*

Print name: Paul H. Grant, Notary Public

My appointment expires 11/01/2019



STATE OF WASHINGTON DEPARTMENT OF HEALTH

201806140009

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OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

465

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

1 21925

STATE FILE NUMBER

1. NAME First: Albert Middle: Robert Last: Rollin, Jr.	2. SEX (M/F): M	3. DEATH DATE (Mo., Day, Yr): Jun 18, 2001
4. AGE LAST BIRTHDAY (Yrs): 80	5. UNDER 1 YEAR MOS: 0 DAYS: 0	6. UNDER 1 DAY HOURS: 0 MINS: 0
7. BIRTHDATE (Mo., Day, Yr): Jul 8, 1920	8. BIRTHPLACE (City, State or Foreign Country): [REDACTED]	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): [REDACTED]
10. COUNTY OF DEATH: Skagit	11. CITY, TOWN OR LOCATION OF DEATH: Anacortes	
12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE San Juan Rehab. & Care Center		13. SMOKING IN LAST 15 YEARS? (Yes/No): [REDACTED]
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): [REDACTED]	15. SURVIVING SPOUSE (If wife, give maiden name): [REDACTED]	16. SOCIAL SECURITY NO.: [REDACTED]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): [REDACTED] College (13 or 5+): [REDACTED]		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): [REDACTED]	19. KIND OF BUSINESS OR INDUSTRY: [REDACTED]	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No
21. RACE (Specify): [REDACTED]	22. RESIDENCE — NUMBER AND STREET: [REDACTED]	
23. CITY/TOWN, OR LOCATION: [REDACTED]	24. INSIDE CITY LIMITS? (Yes/No): [REDACTED]	25A. COUNTY: [REDACTED]
25B. LENGTH OF RES. IN CO.: [REDACTED]	26. STATE: [REDACTED]	27. ZIP CODE: [REDACTED]
28. FATHER'S NAME — FIRST, MIDDLE, LAST: [REDACTED]		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: [REDACTED]
30. INFORMANT — NAME: Marian Elizabeth Rollin		31. MAILING ADDRESS: 2309 Grant Place, Anacortes, WA 98221
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): [REDACTED]	33. DATE (Mo., Day, Yr): [REDACTED]	34. CEMETERY/CREMATORY — NAME: [REDACTED]
35. LOCATION — CITY/TOWN, STATE: [REDACTED]	36. FUNERAL DIRECTOR SIGNATURE: Joseph Waban	
37. NAME OF FACILITY: [REDACTED]	38. ADDRESS OF FACILITY: [REDACTED]	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: Mark Backman MD		
40. DATE SIGNED (Mo., Day, Yr): 6-19-01		
41. HOUR OF DEATH (24 Hrs.): 1150		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): John R. Matkiss MD		
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: [REDACTED]		
44. DATE SIGNED (Mo., Day, Yr): [REDACTED]		
45. HOUR OF DEATH (24 Hrs.): [REDACTED]		
46. PRONOUNCED DEAD (Mo., Day, Yr): [REDACTED]		
47. HOUR PRONOUNCED DEAD (24 Hrs.): [REDACTED]		
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Mark Backman, M.D., 1213 24th Street, Suite 100, Anacortes, WA 98221		
49. ME/CORONER FILE NUMBER: [REDACTED]		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:		
IMMEDIATE CAUSE (Final disease or condition resulting in death): Colon Obstruction		INTERVAL BETWEEN ONSET AND DEATH: 1 week
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH: 1 year
A. DUE TO, OR AS A CONSEQUENCE OF: Ogilvie's Syndrome		INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]
B. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]
C. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]
D. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Dementia, Alzheimer's type; Coronary Artery Disease		
52. AUTOPSY? (Yes/No): No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): No	
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify): [REDACTED]	55. INJURY DATE (Mo., Day, Yr): [REDACTED]	56. HOUR OF INJURY (24 Hrs.): [REDACTED]
57. DESCRIBE HOW INJURY OCCURRED: [REDACTED]		
58. INJURY AT WORK? (Yes/No): [REDACTED]	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify): [REDACTED]	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE: [REDACTED]
61. RECORD AMENDMENT (Registrar use only) ITEM: [REDACTED] DOCUMENTARY EVIDENCE: [REDACTED] REVIEWED BY: [REDACTED] DATE: [REDACTED]	62. REGISTRAR SIGNATURE: Sandra Gerlits, Deputy	
63. DATE RECEIVED (Mo., Day, Yr): JUN 20 2001		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 422-131 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201806140009

This is a legal document. Complete in ink and do not alter.

Call to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
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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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Initials		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Initials		
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
7. Return Mailing Address: P.O. Box or Street Address City State Zip				
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 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 documents 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 Christie Spice, State Registrar.

Christie Spice

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

ISSUED

FEB 20 2018



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