



201807230007

07/23/2018 09:01 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF BARRY M. MEYERS, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

LACK OF PROBATE AFFIDAVIT

GRANTOR(S): JERRY MICHAEL EDSON
GRANTEE: VERETTA M. EDSON
ABBREVIATED LEGAL: LOT 1 OF SKAGIT COUNTY SHORT PLAT 92-047
RECORDED AF#9301280022 WHICH IS A PORTION OF THE
SW1/4 OF SECTION 16, TOWNSHIP 35 NORTH, RANGE 3
EAST, W.M.
PARCEL NUMBER: P102969
REFERENCE NUMBER OF RELATED DOCUMENTS: N/A

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

I, VERETTA M. EDSON, being first duly sworn on oath, depose and say:

I am the surviving spouse of JERRY MICHAEL EDSON, who died intestate on the 3rd day of July, 2018, in Bow, Skagit County, Washington State, and who was a resident of Bow, Skagit County, Washington State. See certified copy of death certificate attached hereto.

JERRY MICHAEL EDSON and I were married on the 21st day of September, 1968, there were four (4) children born of this marriage, namely, KATIE A. EDSON, CHRIS M. EDSON, JOSHUA J. EDSON, CALEB D. EDSON, all of whom are adults. There were no other children born of JERRY MICHAEL EDSON who are now deceased leaving issue surviving, nor had he ever adopted any children.

JERRY MICHAEL EDSON never executed a Last Will and Testament. However, JERRY MICHAEL EDSON's entire estate, including real property interests (all of which were community property), passed to me as surviving spouse pursuant to RCW 11.04.015(1)(a).

LACK OF PROBATE AFFIDAVIT - Page 1

ELDER LAW OFFICES OF BARRY M. MEYERS, P.S.
2828 Northwest Avenue
Bellingham, WA 98225
Phone: (360) 647-8846 Fax: (360) 647-8854

I am the sole and rightful heir to the real property described herein below. My name, and address are as follows:

VERETTA M. EDSON
14158 T. Loop Road
Bow, WA 98232

The expenses of the last illness, funeral, and burial of the decedent have been paid, as evidenced by receipts in my possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith.

Decedent had never received from the State of Washington assistance consisting or nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

There is no State of Washington Inheritance Tax due as a result of the decedent's death.

There is no Federal Estate Tax due as a result of the decedent's death.

No probate of the Estate of JERRY MICHAEL EDSON has been instituted, nor is such probate contemplated.

All of the real property owned by the decedent at the time of his death, or in which he had an interest was community property, was situated in Skagit County, Washington, and is more particularly described as follows:

Lot 1 of Skagit County Short Plat No. 92-047, approved January 27, 1993, and recorded January 28, 1993, under Auditor's File No. 9301280022 in Volume 10 of Short Plats, pages 169 and 170, being a portion of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 16, Township, 35 North, Range 3 East, W.M.

Situate in the County of Skagit, State of Washington.

Parcel No.: P102969

This affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Dated this 13 day of July, 2018.

Veretta M Edson
VERETTA M. EDSON

I certify that I know or have satisfactory evidence that VERETTA M. EDSON signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 13th day of July, 2018.



Hugh Engelhoff
Hugh Engelhoff
Notary Public in and for the
State of Washington
Residing in Bellingham
My commission expires: 10/04/2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-029512

DATE ISSUED: 07/09/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JERRY MICHAEL
LAST NAME(S): EDSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 03, 2018
HOUR OF DEATH: 10:30 PM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SPOUSE: VERETTA ROTH

OCCUPATION: DAIRY FARMER
INDUSTRY: FARMING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: VERETTA EDSON
RELATIONSHIP: WIFE
ADDRESS: 14158 T LOOP ROAD BOW, WA 98232

CAUSE OF DEATH:
A: ALZHEIMER'S DEMENTIA
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
CORONARY ARTERY DISEASE

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: HOME
FACILITY OR ADDRESS: 14158 T LOOP ROAD
CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 14158 T LOOP ROAD
CITY, STATE, ZIP: BOW, WA 98232
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 70 YEARS

FATHER/PARENT: HAROLD EDSON
MOTHER/PARENT: MARILYN [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 09, 2018

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: ADAM J. CRENNNA

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JULY 05, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JULY 06, 2018

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-132 (4/16)



Affidavit for Correction

201807230007

Mail to: Center for Health Statistics
07/23/2018 09:01 AM Page 5 of 5
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: 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/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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: P.O. Box or Street Address	City	State	Zip
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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:	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

JUL 09 2018

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

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



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