



201808060135

08/06/2018 11:49 AM Pages: 1 of 7 Fees: \$142.00
Skagit County Auditor

Return Address:

Kevin L. Self
588 Adit Lane
Bonners Ferry ID 83805

CHICAGO TITLE
020034131

AFFIDAVIT (LACK OF PROBATE) AND
Death Certificate

The undersigned affiant/grantee Lewis Leonard Self, 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 the spouse
Relationship to decedent
of Helen Marie Self, who died on 3-7-2005
Decedent/Grantor *Date*
at Sedro Woolley, Skagit County, Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: PTN. SW SW, 11-35N-R6E,
W.M.

Assessor's Property Tax Parcel/Account Number: P41045/
(Attach full legal description of the property) 350611-3-010-0002
see Exhibit A

- 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)

Lewis Leonard Self, deceased, spouse
588 Adit Lane, Bonners Ferry, ID 83805
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: 8/2/18

Kevin L. Self, Personal Representative of the
Affiant's full name Estate of Lewis Leonard Self

208-267-4256
Telephone number

588 Adit Lane

Bonnars Ferry, Idaho Street 83805
City State Zip Code

[Signature] PR 8/2/18
Signature Date

State of _____ County of _____

I know or have satisfactory evidence that _____
(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: ____ / ____ / ____

Signature of Notary Public

(SEAL OR
STAMP)

Residing at: _____

Notary Public in and for the State of _____

My appointment expires: ____ / ____

STATE OF IDAHO }
County of BOUNDARY } SS.

On this 2ND day of AUGUST, 2018, before me, NANSI E CISNEROS
personally appeared Kevin L Self to me known to be the individual described in and who
executed the foregoing instrument as Personal Representative of the Estate of Lewis
Leonard Self that he signed and sealed the same as his free and voluntary act and deed as
Personal Representative for said principal for the uses and purposes therein mentioned,
and on oath stated that the Letters Testamentary authorizing the execution of this
instrument has not been revoked.



Notary Name

Notary Public in and for the State of IDAHO
Residing at: MOYIE SPRINGS, ID
My Appointment expires: 6-15-2024

NANSI E CISNEROS
Notary Public
State of Idaho

NANSI E CISNEROS
Notary Public
State of Idaho

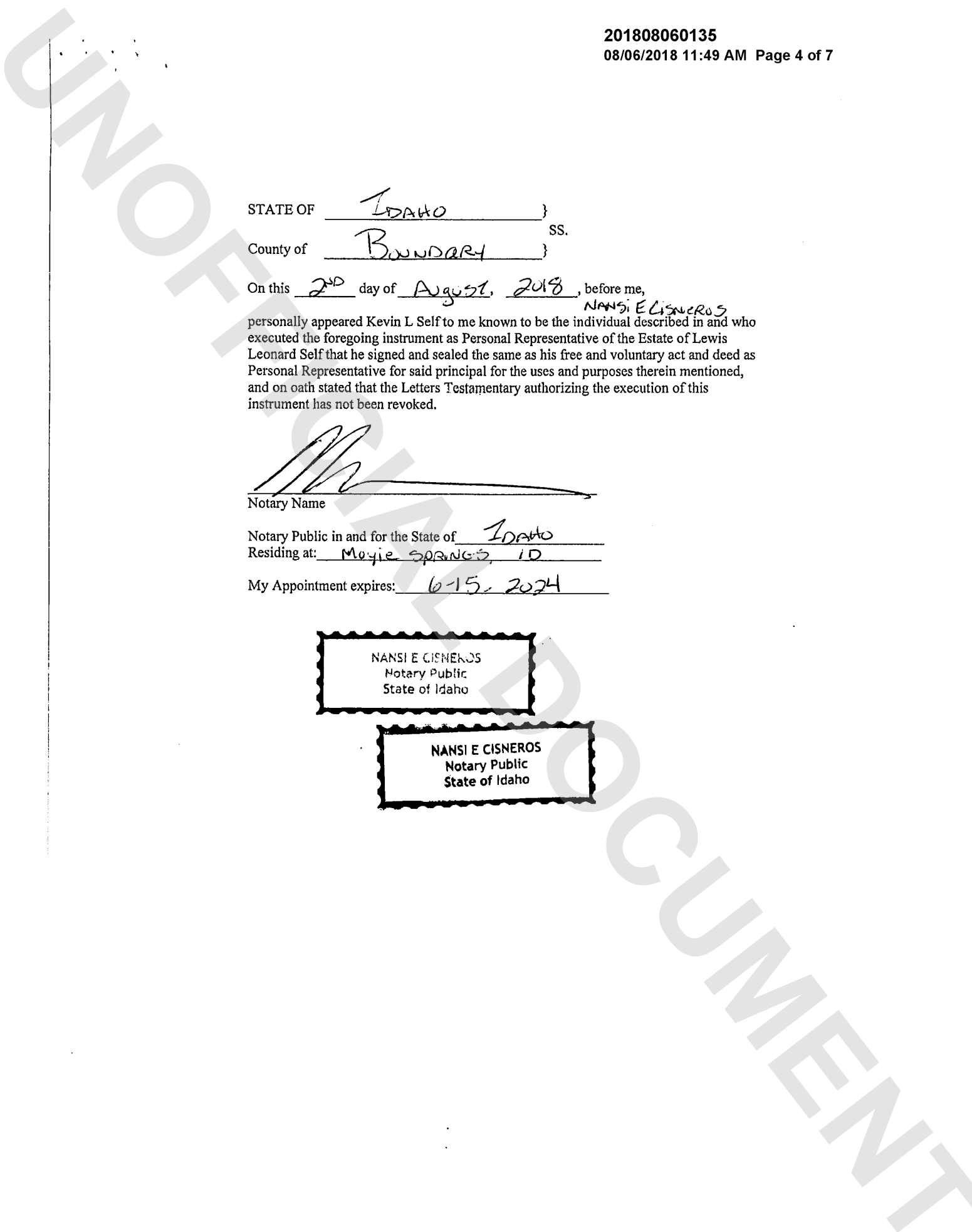


Exhibit "A"

That portion of the Northeast Quarter of the Southwest Quarter of the Southwest Quarter of Section 11, Township 35 North, Range 6 East, W.M., described as follows:

The West 40 feet of the following described tract:
Beginning at the Northwest corner of said subdivision;
thence East 165 feet to the true point of beginning;
thence South 264 feet;
thence East 165 feet;
thence North 264 feet to the North line of said Southwest Quarter of the Southwest Quarter;
thence West 165 feet to the true point of beginning.

EXCEPT Roads.

Situated in Skagit County, Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number **180-05** Washington State Certificate of Death State File Number **5 53661**

1. Legal Name (include AKA's if any) First Middle LAST Suffix HELEN MARIE SELF				2. Death Date March 7, 2005	
3. Sex (M/F) Female	4a. Age - Last Birthday 51	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skagit
7. Birthdate	8a. Birthplace (City, Town, or County) King County	8b. (State or Foreign Country) Washington		9. Decedent's Education High School Graduate	
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.) 34118 Hamilton Cemetery Road				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 35 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Lewis Self		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Seamstress			18. Kind of Business/Industry (Do not use Company Name) Sewing		
19. Father's Name (First, Middle, Last, Suffix) Unk. Crawshaw			20. Mother's Name Before First Marriage (First, Middle, Last) Lucille		
21. Informant's Name Lewis Self		22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 34118 Hamilton Cemetery Rd. Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Emergency Room - Out Patient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) United General Hospital		26a. City, Town, or Location of Death Sedro-Woolley	26b. State WA	27. Zip Code 98284	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Crematory		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lenley Chapel 1008 Third Street Sedro-Woolley, WA 98284				32. Date of Disposition March 9, 2005	
33. Funeral Director Signature <i>Rich Lenley</i>					
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) → a. Congestive Heart Failure Interval between Onset & Death 4 hrs Due to (or as a consequence of): 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 b. Due to (or as a consequence of): Interval between Onset & Death c. Due to (or as a consequence of): Interval between Onset & Death d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Hypertension, hyperlipidemia, asthma			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 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 checked="" 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)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				46. Describe how injury occurred	
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 X	
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 X <i>Bruce Bacon</i>				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Bruce Bacon, Coroner PO Box 1306 Mount Vernon, WA 98273	
50. Hour of Death (24hrs) 0108 hrs				51. Name and Title of Attending Physician [if other than Certifier (Type or Print)]	
52. Date Signed (mm/dd/yyyy) March 8, 2005				53. Title of Certifier Coroner	
54. License Number		55. ME/Coroner File Number 036-05		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature Deorothy Epps, deputy				58. Date Received (mm/dd/yyyy) MAR - 8 2005	
59. Amendments					

DOH/CHS 003 Rev 2/08/2004

DOH 422-131 (4/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201808060135

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

08/06/2018 11:49 AM Page 1 of 7

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required	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:		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 2nd parent (if required):

Printed name: Date: 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

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

ISSUED

JUL 31 2018



0 1 1 4 4 3 4 3

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