

**201808140093**08/14/2018 02:15 PM Pages: 1 of 7 Fees: \$43.00  
Skagit County Auditor

## Name &amp; Return Address:

Patricia Sebastian

8111 Abbey Place

Arlington, WA 98223

**Washington State Recorder's Cover Sheet** (RCW 65.04) Please print legibly or type information.

Document Title(s)	<b>Death Certificate</b>	GUARDIAN NORTHWEST TITLE CO. ACCOMMODATION RECORDING ONLY
Grantor(s)	State of Washington	JM 2004
____ Additional Names on Page ____ of Document		
Grantee(s)	Leopold William Sebastian	
____ Additional Names on Page ____ of Document		
<b>Legal Description</b> (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section) Lot 9, Block 1 of "Klokes's Addition to Burlington", as per plat recorded in volume 7 of plats, page 40		
Complete Legal Description on Page ____ of Document		
Auditor's Reference Number(s)		
Assessor's Property Tax Parcel/Account Number(s) P72626		
<b>Non Standard Fee \$50.00</b> <b>By signing below, you agree to pay the \$50.00 non standard fee.</b> I am requesting an emergency non standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.		
<b>Signature of Party Requesting Non Standard Recording</b> NOTE: Do not sign above or pay additional \$50.00 fee if document meets margin/formatting requirements.  The Auditor/Recorder will rely on the information provided on this cover sheet. Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.		

**Return Address:**

Patricia R. Sebastian

8111 Abbey Place

Arlington, WA 98232

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Patricia R. Sebastian, 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 surviving spouse

*Relationship to decedent*

of Leo W. Sebastian

*Decedent/Grantor*

, who died on June 8, 2018

*Date*

at Arlington

*City*

Skagit

*County*

Washington

*State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:****Abbreviated Legal Description:**

Full legals: 1) Lot 9 Kloke's Addition to Burlington as per plat recorded in Volume 7 of Plats, Page 40, records of Skagit County, Washington Except the North 8 feet thereof conveyed to the City of Burlington for alley purposes by Deed dated March 15, 1956 recorded as Auditor's File No. 558970 in Volume 291 of Deeds, Page 19. Situate in Skagit County, and  
 2) Lot 44, Gleneagle Sector IIIB as per plat thereof recorded as recording number 9711255004, in Snohomish County. Situate in Snohomish County

Assessor's Property Tax Parcel/Account Number: P72626 in Skagit Co. and \*\*  
 (Attach full legal description of the property)

**\*\* 008748-000-044-00 in  
 Snohomish Co.**

☐ 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 \_\_\_\_)

Patricia Rose Sebastian, wife of legal age

Arlington, WA 98223

*Full name, age, relationship, address*

Deborah Lynn Wake, daughter of legal age

Henderson, NV

*Full name, age, relationship, address*

Teresa Ann Sylvester, daughter of legal age

Richland, WA

*Full name, age, relationship, address*

Wendy Diane Sebastian, daughter of legal age

Burlington, WA 98233

*Full name, age, relationship, address*

Sandy Patricia Calvo, daughter of legal age

Arlington

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

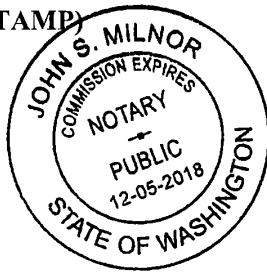
EXHIBIT A attached hereto is incorporated herein.
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Dated : August 13, 2018Patricia Rose Sebastian*Affiant's full name**Telephone number*8111 Abbey PlaceArlington*City*WA*State*98232*Zip Code*Patricia R. Sebastian  
*Signature*August 13, 2018*Date*State of WashingtonCounty of Spagit

I know or have satisfactory evidence that

Patricia R. Sebastian  
*(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: 8 / 13 / 2018(SEAL OR  
STAMP)John S. Milnor  
*Signature of Notary Public*Residing at: Mount VernonNotary Public in and for the State of WAMy appointment expires: 12/5 / 2018

**Exhibit A to AFFIDAVIT (LACK OF PROBATE)**

The Decedent Left:

X No Community Property Agreement, OR

A will which is being/was probated in \_\_\_\_\_ County,  
Washington as Superior Court Cause No. \_\_\_\_\_.

The affiant declares that on date of death the total value of decedent's entire Estate was approximately \$ 1,000,000.00 of which approximately \$ 0.00 was the separate property of the decedent.

The affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None X OR those shown on an attachment hereto \_\_\_\_\_.

**The affiant makes this affidavit to induce First American Title Insurance Company, Stewart Title Guaranty Company and Guardian Northwest Title and Escrow Company to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold said title insurance companies harmless from all loss or damage, including attorney fees, which they may suffer as a result of said reliance.**

Affiant. Patricia R. Sebastian

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

of 7

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-025753

LOCAL FILE NUMBER: 2357

DATE ISSUED: 06/12/2018

FEE NUMBER: 310618

FIRST AND MIDDLE NAME(S): LEOPOLD WILLIAM

LAST NAME(S): SEBASTION

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JUNE 08, 2018

HOUR OF DEATH: 02:10 PM

SEX: MALE AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: VANCOUVER, BC CANADA

MARITAL STATUS: MARRIED

SPOUSE: PATRICIA ROSE WIGMAN

OCCUPATION: SALES

INDUSTRY: AUTOMOTIVE

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: DEBORAH WAKE

RELATIONSHIP: DAUGHTER

ADDRESS: 277 VIA DEL DUOMO HENDERSON, NV. 89011

CAUSE OF DEATH:

A: FAILURE TO THRIVE

INTERVAL: WEEKS

B: POST OPERATIVE NISSEN GOAL OF COMFORT

INTERVAL: WEEKS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PATIENT WITH GOAL OF COMFORT. HAS A HISTORY OF RECENT HOSPITALIZATION AND NISSEN FUNDOPLICATION WITH A MYOCARDIAL INFARCTION WAS ON HOSPICE AND THEN GOAL FOR COMFORT.

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: ARLINGTON HEALTH AND REHABILITATION

CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223

RESIDENCE STREET: 8111 ABBEY PLACE

CITY, STATE, ZIP: ARLINGTON, WA 98223

INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER/PARENT: LEOPOLD SEBASTION

MOTHER/PARENT: AMALIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: JUNE 13, 2018

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: JOHN K. MOODY

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: DAVID W. JANEWAY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 875 WESLEY ST., STE 250

CITY, STATE, ZIP: ARLINGTON, WA 982231620

DATE SIGNED: JUNE 10, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JULIE MARTIN

DATE RECEIVED: JUNE 12, 2018

DOH 422-132 Snohomish (10/17)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201808140093

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.

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## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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:
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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 foregoing is true and correct

16a. Signature: 16b. Signature of 2<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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)

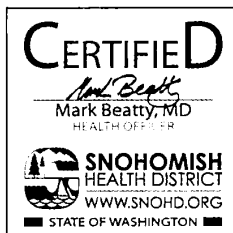
### Death Certificates

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



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



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