

After recording, return to:  
Donna Reed  
Chicago Title Company of Washington  
425 Commercial St  
Mount Vernon, WA 98273



**201808200125**

08/20/2018 11:39 AM Pages: 1 of 4 Fees: \$139.00  
Skagit County Auditor

CHICAGO TITLE  
620035395

Grantor (Name of Decedent): Dean L Henning  
Grantee (Heirs): Darla R Henning  
Abbreviated Legal Description: Lot(s): 3 MADDOX CREEK PUD PHASE I  
Tax Parcel No.(s): P109308 / 4681-000-003-0000

**INHERITANCE LACK OF PROBATE AFFIDAVIT AND**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

**Death Certificate**

STATE OF WASHINGTON  
COUNTY OF Skagit

The undersigned, Darla R Henning, executes this affidavit relating to the estate of Dean L Henning (herein "Decedent"), who died on August 14, 2014, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, County of Skagit, State of Washington.  
(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):
- ☒ the lawful surviving spouse of the Decedent
  - ☐ Registered domestic partner of the Decedent
  - ☐ Surviving child of the Decedent
  - ☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
  - ☐ other (identify:) \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Darla R Henning , spouse

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

Lot 3, MADDOX CREEK P.U.D. PHASE I, according to the plat thereof, recorded in Volume 16 of Plats, pages 121 through 130, records of Skagit County, Washington.

Situated in Skagit County, Washington.

5. **Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Darla R Henning  
 Signature

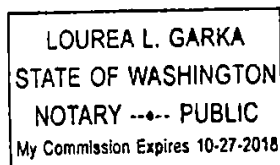
Aug 16, 2018  
 Date

Darla R. Henning  
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on August 16, 2018 by Darla R Henning  
 (name of person making statement).



Lourea L Garka  
 Name: Lourea L Garka  
 Notary Public in and for the State of Washington,  
 Residing at: Grinnell  
 My appointment expires: 10/27/2018

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

201808200125

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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-032909

DATE ISSUED: 08/16/2016

FEE NUMBER: 0000000029

GIVEN NAMES: DEAN LOUIS  
LAST NAME: HENNING

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 14, 2016  
HOUR OF DEATH: 06:30 A.M.  
SEX: MALE  
AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: WENATCHEE, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: DARLA RAVE SCOTT

OCCUPATION: CHIROPRACTOR  
INDUSTRY: CHIROPRACTIC INDUSTRY  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES? YES

INFORMANT: DARLA RAVE HENNING  
RELATIONSHIP: WIFE  
ADDRESS: 3216 SHELLY HILL ROAD, MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 3216 SHELLY HILL ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 3216 SHELLY HILL ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: LOUIS CHARLES HENNING  
MOTHER/PARENT: EVLA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GRAND VIEW CEMETERY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: AUGUST 19, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:  
A. METASTATIC PROSTATE CANCER  
INTERVAL: 8 YEARS  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
RENAL FAILURE, ANEMIA,

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

♀

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: AUGUST 15, 2016

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

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: AUGUST 16, 2016

DOH 01-003 (10-15)



# Affidavit for Correction

201808200125

Center for Health Statistics  
P.O. Box 47814  
My Page 498047814  
360-236-4300

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

08/20/2018 11:39 AM

**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**

<b>Required</b>	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		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last	
	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 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 forgoing is true and correct**

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

- 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.
- 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.
- 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**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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\***

AUG 16 2016

*Howard Leibrund*  
Skagit County Health Department  
Howard Leibrund M.D., Health Officer

GG00007434