



201808230037

08/23/2018 12:44 PM Pages: 1 of 5 Fees: \$103.00 Skagit County Auditor

Return Address:

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**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Carol A. Morgan, being first duly sworn <sup>Name of Affiant</sup> ~~personal representative of the estate of~~ Rudolph W. URAVA 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 Spouse <sup>Relationship to decedent</sup>

of Sophie Marie URAVA <sup>Decedent/Grantor</sup> Sophia <sup>AKA</sup>, who died on 8/26/2008 <sup>Date</sup>

at Burlington <sup>City</sup> Skagit <sup>County</sup> Wash. <sup>State</sup>

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Sec'd Lot 13 BLK 9  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessor's Property Tax Parcel/Account Number: P75362  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

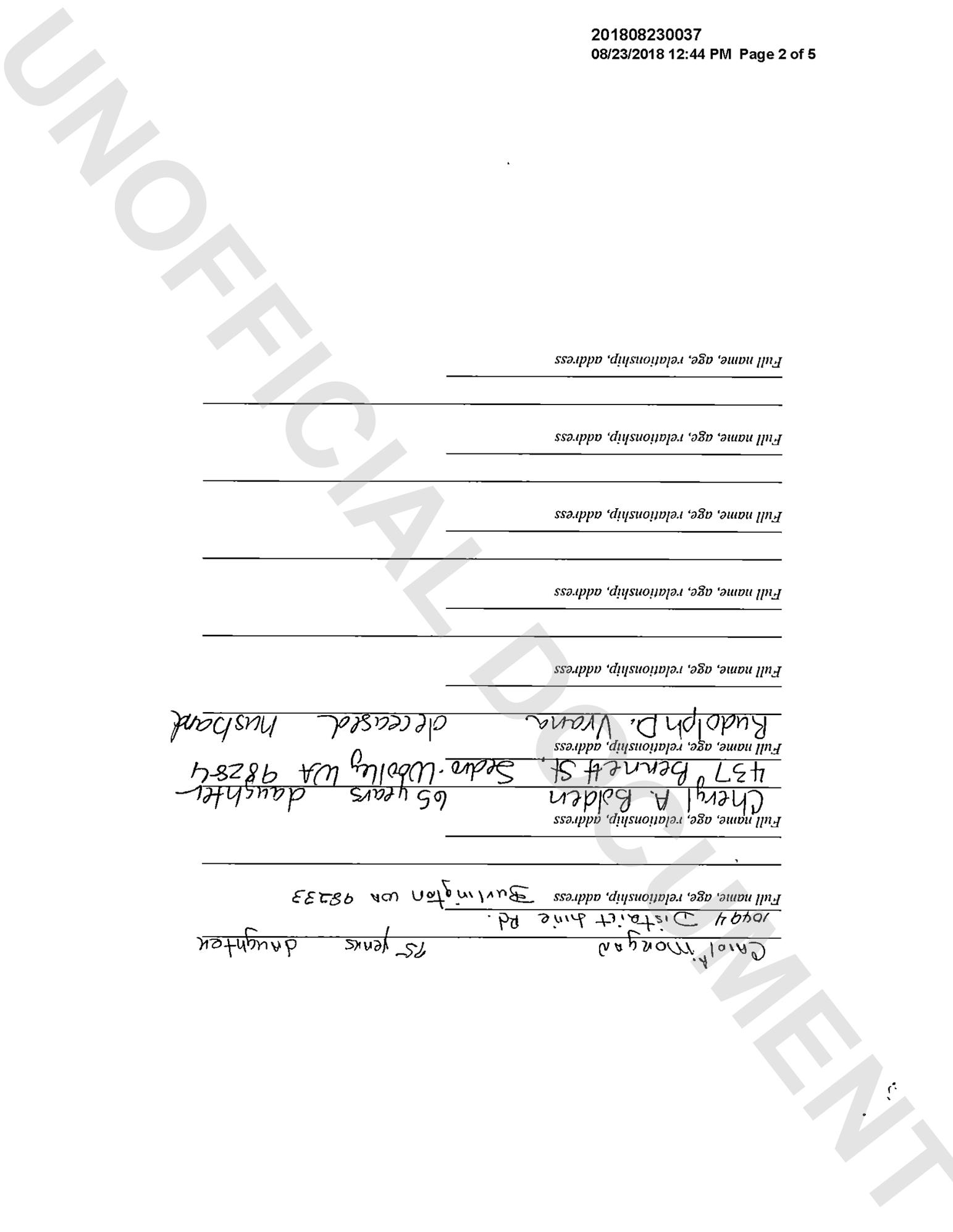
"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of 3)

Full name, age, relationship, address

Full name, age, relationship, address  
 Cheryl A. Balden  
 437 Bennett St.  
 Sedro-Woolley WA 98284  
 65 years daughter  
 Full name, age, relationship, address  
 Rudolph D. Vrana  
 deceased husband

Full name, age, relationship, address  
 Carol Morgan  
 10994 District Drive Rd.  
 Burlington WA 98233  
 75 years daughter



Dated: 8/23/2018

Carol A. Morgan

Affiant's full name  
Personal representative of the Estate of Rudolph B. VERAHA

Telephone number 360-757-6853

10494 District line Rd.

Burlington WA 98233  
City State Zip Code

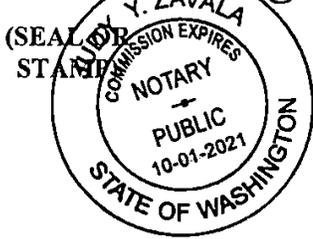
Carol A. Morgan 8/23/2018  
Signature Date

State of WA County of Skagit

I know or have satisfactory evidence that Carol Morgan  
(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: 08/23/2018



Judy Y. Zavala  
Signature of Notary Public

Residing at: Burlington

Notary Public in and for the State of WA

My appointment expires: 10/01/2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number <b>732-08</b>		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST <b>Sophia Marie Vrana</b>				2. Death Date <b>08/26/2008</b>		
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>85</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	8. County of Death <b>Skagit</b>	
7. Birthdate <b>[REDACTED]</b>		8a. Birthplace (City, Town, or County) <b>Jamestown</b>	8b. (State or Foreign Country) <b>ND</b>	9. Decedent's Education <b>Highschool Graduate</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (include Apt. No.) <b>10574 District Line Road</b>				13b. City or Town <b>Burlington</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>WA</b>	13f. Zip Code - 4 <b>98233</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence <b>57 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Rudolph D. Vrana</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Family Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Paul Ackerman</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Exzellia [REDACTED]</b>		
21. Informant's Name <b>Cheryl Ann Bolden</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: Number and Street or RFD No. City or Town. State Zip <b>437 Bennett Street, Sedro-Woolley, WA 98284</b>		
24. Place of Death: if Death Occurred in a Hospital <b>Decedent's Home</b>				25. Facility Name (if not a facility, give number & street or location) <b>10574 District Line Road</b>		
26a. City, Town, or Location of Death <b>Burlington</b>		26b. State <b>WA</b>		27. Zip Code <b>98233</b>		
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>		30. Location-City/Town, and State <b>Mount Vernon, WA</b>		
31. Name and Complete Address of Funeral Facility <b>Hulbush Funeral Home &amp; Cremation Services Burlington, WA 98233</b>				32. Date of Disposition <b>08/27/2008</b>		
33. Funeral Director Signature X <i>Paul L. Hulbush</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. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>pneumonia</b> Interval between Onset & Death: <b>days</b> Due to (or as a consequence of) b. <b>non-small cell cancer - lungs</b> Interval between Onset & Death: <b>months</b> 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. Due to (or as a consequence of) c. 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				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 checked="" 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 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 checked="" type="checkbox"/> Probably <input 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 checked="" 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: X <i>T.V. [REDACTED]</i>				48b. Medical Examiner/Coroner: X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Teackle Martin, 1990 Hospital Drive, Sedro-Woolley, WA 98284</b>				50. Hour of Death (24hrs) <b>1410</b>		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>08/27/2008</b>		
53. Title of Certifier <b>MD</b>		54. License Number <b>144130</b>		55. ME/Coroner File Number <b>NJA-391</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature X <i>Connie Anderson</i>				58. Date Received (mm/dd/yyyy) <b>AUG 27 2008</b>		
59. Amendments						



DOH/CHS 003 Rev 2/00/2004

DOH 01-003 (5/99)

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
<b>Use the section below for requesting any changes on the record.</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



AUG 29 2008

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

QQ00159436