



201809120055

09/12/2018 11:39 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

AFTER RECORDING RETURN TO:
Jayne Marsh Gilbert
314 Pine St., Suite 211
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20184043
SEP 12 2018

Amount Paid
Skagit Co. Treasurer
By *mm* Deputy

AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)

GRANTOR: WILLIAM BRUCE ARMSTRONG (a/k/a W. B. Armstrong and William B. Armstrong)

GRANTEE: BETTY A. ARMSTRONG

ASSESSOR'S PROPERTY TAX
PARCEL OR ACCOUNT NOS. P78074 / 4202-000-017-0009

REFERENCE NOS OF DOCUMENTS
ASSIGNED OR RELEASED: None.

BETTY A. ARMSTRONG, being first duly sworn upon oath, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, and is the surviving spouse of the Decedent, William Bruce Armstrong, who died on July 23, 2018, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto.

Real Property Description:

Parcel No. P78074 (Commonly known as 120 Manito Drive, Mount Vernon, Washington 98274):

Tract 17, TOTEM RIDGE II, as per plat recorded in Volume 10 of Plats, page 38, records of Skagit County.

Situate in the County of Skagit, State of Washington.

Status of Will

Decedent left a Community Property Agreement in favor of surviving spouse, which has been recorded under Skagit County Auditor File No. 201809120016.

In addition, Decedent left a Last Will and Testament which has not been probated or revoked, but has been filed with the Skagit County Clerk under Superior Court Cause No. 18-4-00314-29. The Will provides for the distribution of all of the Decedent's estate to his spouse, Betty A. Armstrong.

Heirs At Law:

Affiant hereby identifies all heirs at law of the Decedent:

<u>Name and Address</u>	<u>Age</u>	<u>Relationship</u>
Betty A. Armstrong 120 Manito Dr. Mount Vernon, WA 98274	Legal	Surviving Spouse
Bruce D. Armstrong 2580 Lincoln Rd. E. Helena, MT 59602	Legal	Son
Brett D. Armstrong 19329 69 th Pl. W. Unit 4 Lynnwood, WA 98036	Legal	Son

The Affiant states of her own knowledge that each of the obligations of the Estate of William Bruce Armstrong, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Decedent's surviving spouse.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of said Decedent, his heirs, creditors, and the taxing authorities.

DATED this 22 day of August 2018.

Betty A. Armstrong
BETTY A. ARMSTRONG, Surviving Spouse

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-032623

DATE ISSUED: 07/26/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM BRUCE
LAST NAME(S): ARMSTRONG

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 23, 2018
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 120 MANITO DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 120 MANITO DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 31 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHICAGO, IL

FATHER/PARENT: THOMAS ARMSTRONG
MOTHER/PARENT: JESSIE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: BETTY MARTIN

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

OCCUPATION: ENGINEER
INDUSTRY: CONSTRUCTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 26, 2018

INFORMANT: BETTY ARMSTRONG
RELATIONSHIP: WIFE
ADDRESS: 120 MANITO DRIVE MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A: PRESUMED LUNG CANCER
INTERVAL: 4 MONTHS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT COMMUNITY
ACQUIRED PNEUMONIA.

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JULY 25, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JULY 25, 2018



Affidavit for Correction

201809120055

Map to: Center for Health Statistics

09/12/2018 11:39 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
-------------------	------------	----------	------	------------------

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:		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

CERTIFIED

JUL 26 2018

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



0 1 8 0 7 2 5 9

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