

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

| <u>Full Name</u> | <u>Age</u> | <u>Relationship to Decedent</u> |
|-----------------------|------------|---------------------------------|
| Linda Louise Comstock | Legal | Daughter |
| Michael Wayne Hanna | Legal | Son |
| Patrick Thomas Hanna | Legal | Son |

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:

P499/3/ 360425-1-001-010 |

PARCEL "A":

That portion of the Northeast ¼ of the Northeast ¼ of Section 25, Township 36 North, Range 4 East, W.M., being more particularly described as follows:

Beginning at the Northeast corner of said Section 25;
thence South 89°58'03" West along the North line of said Section 25, 844.13 feet;
thence South 0°01'57" East 30.00 feet to the South margin of the County Road, said point being the true point of beginning;
thence South 0°22'13" West 270.00 feet;
thence North 89°58'03" East parallel to said North line of Section 25, 149.74 feet;
thence North 5°33'58" East 270.68 feet to said South margin of the County Road;

thence Westerly along said South margin 174.27 feet to the true point of beginning.

Said tract also being known as Tract A, Short Plat No. 76-72, approved October 20, 1972.

Situate in the County of Skagit, State of Washington.

P49914 / 360425-1-001-0200

PARCEL "B":

That portion of the Northeast ¼ of the Northeast ¼ of Section 25, Township 36 North, Range 4 East, W.M., being more particularly described as follows:

Beginning at the Northeast corner of said Section 25;
thence South 89°58'03" West along the North line of said Section 25, 844.13 feet;
thence South 0°01'57" East, 30.00 feet to the South margin of the County Road and the true point of beginning;
thence South 0°22'13" West 270.00 feet;
thence South 89°58'03" West parallel with said North line of Section 25, 386.12 feet to the East margin of the Northern Pacific Railroad right-of-way;
thence North 1°33'02" East along said East margin, 270.10 feet to said South margin of the County Road;
thence North 89°58'03" East along said South margin, 380.56 feet to the true point of beginning.

Situate in the County of Skagit, State of Washington.

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

- The decedent left no Will that devises real property.
 The decedent left a Will that devises real property.
 The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 12/21/2009. The Will devises and states that:

7. SPECIFIC BEQUEST. I give any and all real property which I own to LINDA LOUISE COMSTOCK.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-022621

DATE ISSUED: 05/22/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BILLIE LOUISE
LAST NAME(S): HANNA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 20, 2018
HOUR OF DEATH: 04:11 PM
SEX: FEMALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 23848 PRAIRIE ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: HAMILTON, WA

FATHER/PARENT: THOMAS JAY MACLELLAN
MOTHER/PARENT: MINNIE OLIVE [REDACTED]

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY

OCCUPATION: BAKER
INDUSTRY: GROCERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: SEDRO WOOLLEY, WASHINGTON
DISPOSITION DATE: MAY 23, 2018

INFORMANT: MICHAEL W HANNA
RELATIONSHIP: SON
ADDRESS: 11335 NE 122ND WAY #105, KIRKLAND, WA 98034

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:
A: ISCHEMIC CEREBRAL VASCULAR ACCIDENT
INTERVAL: 6 HOURS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: BEN LUCAS-ROBERTS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MAY 21, 2018

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: BEN LUCAS-ROBERTS, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DAWN M. KOENIG
DATE RECEIVED: MAY 22, 2018



Affidavit for Correction

201809130036

09/13/2018 10:20 AM

Mail to: Center for Health Statistics
Page 6 of 6
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: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: M/M/DD/YYYY 3. Place of Event: City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: P.O. Box or Street Address 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 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

MAY 22 2018

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



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



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