



201809180052

09/18/2018 11:37 AM Pages: 1 of 7 Fees: \$105.00  
Skagit County Auditor

When recorded return to:

QUIT CLAIM DEED

THE GRANTOR(S) <sup>Forman</sup> *Sune N. Forsman, as surviving spouse of  
Alison J. Forsman deceased.*

for and in consideration of *Inheritance*

in hand paid, conveys and quit claims to *Sune N. Forsman and his separate  
estate*

the following described real estate, situated in the County of *Skagit*, State of Washington

together with all after acquired title of the grantor(s) herein:

*lot 1, Short Plat No. 91-072, approved December 27, 1991  
in Book 10 of short plats, page 38, under Auditors file No.  
911227002, and being a portion of the North West 1/4,  
Section 34, Township 35 North, Range 3 East, W.M.  
Together with a non-exclusive easement for ingress, egress and  
utilities over, under and across View Ridge lane as delineated  
on the face of said short plat and as set forth in that Easement  
recorded March 6, 2008 under Auditors file No. 200803060002,  
records of Skagit County, Washington*

Abbreviated Legal: (Required if full legal not inserted above)

*Ptn NW 1/4 of NE 1/4 34-35-3 EWM*

Tax Parcel Number(s): *AKA Lot SP 91-072*

*350334-1-002-0309/P35338*

Dated: 9-17-18

*Sune Fursman*

20184127  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

SEP 17 2018

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *VF* Deputy

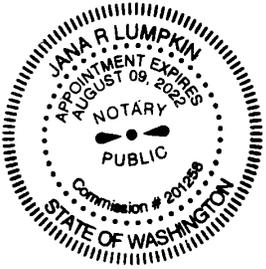
STATE OF *Washington*  
COUNTY OF *Skagit* ss.

I certify that I know or have satisfactory evidence that *Sune Fursman*  
(is/are) the person(s) who appeared  
before me, and said person(s) acknowledged that *he* signed this instrument and acknowledged it to be  
a free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 9-17-18

*Jana R. Lumpkin*  
Jana R. Lumpkin

Notary name printed or typed:  
Notary Public in and for the State of *wa*,  
Residing at *1410 Northview Ct. Mount Vernon, wa.*  
My appointment expires: *8-9-2022* *98274*



Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Sune Forsman, 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 Husband

Relationship to decedent

of Alison J. Forsman, who died on 2-15-2010

Decedent/Grantor

Date

at Seattle King WA

City

County

State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: PTN NW 1/4 of NE 34-35-3 EWM  
aka Lot 1 SP 91-042

Assessor's Property Tax Parcel/Account Number: 350334-1-002-0909/P35338  
(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 \_\_\_\_\_)

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*Full name, age, relationship, address*

Dated: Sept 17, 2018

Sune Nils Forsman

Affiant's full name

Sune Forsman 360-770-2957

Telephone number

11126 View Ridge dr.

Burlington WA Street 98233

City State Zip Code

Sune Forsman 9-17-18

Signature

Date

State of Washington County of Skegitt

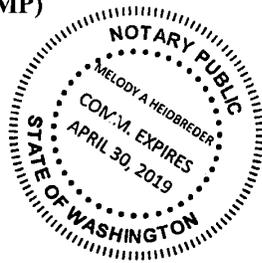
I know or have satisfactory evidence that Sune Forsman  
(name of person)

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: 09/17/2018

M. Judy A. Heibredner  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mt Vernon WA

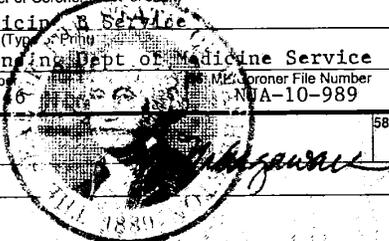
Notary Public in and for the State of Wash.

My appointment expires: 04/30/2019

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number <b>1508</b>		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Alison Jean Forsman</b>				2. Death Date <b>2-15-2010</b>		
3. Sex (MF) <b>Female</b>	4a. Age - Last Birthday <b>49</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. [Redacted]	6. County of Death <b>King</b>	
7a. Birthplace (City, Town, or County) <b>Mount Vernon</b>		7b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>Some College Credit</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>NO</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>11126 View Ridge Drive</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>
14. Estimated length of time at residence. <b>2 1/2 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Sune Nils Forsman</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Hair Dresser</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Cosmetology</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Clifford Van Matre</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Dorothy</b>		
21. Informant's Name <b>Sune Forsman</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>11126 View Ridge Drive, Burlington, WA 98233</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Hospital Inpatient</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) <b>Harborview Medical Center 325 9th ave</b>				26a. City, Town, or Location of Death <b>Seattle</b>		26b. State <b>Wa.</b>
27. Zip Code <b>98104</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>02/16/2010</b>
33. Funeral Director Signature X						
34. Cause of Death (See instructions and examples) 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.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. Respiratory Failure</b>				Interval between Onset & Death		
Due to (or as a consequence of): <b>Hepatic Encephalopathy</b>				Interval between Onset & Death <b>days</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 <b>d. Alcohol Abuse</b>				Interval between Onset & Death <b>months</b>		
Due to (or as a consequence of): <b>End Stage Liver Disease (Cirrhosis)</b>				Interval between Onset & Death <b>years</b>		
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"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
41. Date of Injury (MMDDYYYY)		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: Apt No.						
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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.		
X <b>SARA CATER, M.D.</b>				X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (City or County) <b>Sara Mlis Cater M.D. HMC Medicine B Service</b>				50. Hour of Death (24hrs) <b>0546</b>		
51. Name and Title of Attending Physician if other than Certifier (Type of Facility) <b>Matthew Golden M.D. HMC Attending Dept of Medicine Service</b>				52. Date Signed (MMDDYYYY) <b>2-16-2010</b>		
53. Title of Certifier <b>Resident M.D.</b>		54. License Number <b>ML0009346</b>		55. ME/Coroner File Number <b>N/A-10-989</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature 				58. Date Received (MMDDYYYY) <b>FEB 17 2010</b>		
59. Amendments						



DCH-103 Rev 07/09/07

DCH 01-003 (5/99)



# Affidavit for Correction

201809180052

Center for Health Statistics  
09/18/2018 11:37 AM Page 7 of 7  
Olympia, WA 98507-9709  
(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
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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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:  Self  Parent  Guardian  Informant  Funeral Director  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:
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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)**

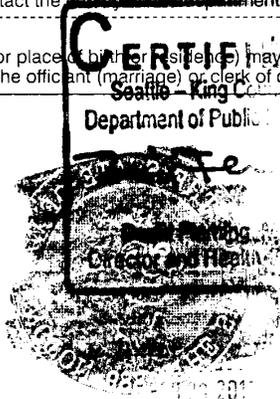
**Death Certificates:**

- 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.

DOH/CHS 023 (Rev. 9/2002)



SS00389306