



201810090107

Return Address:

10/09/2018 01:56 PM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

OCT 09 2018

Amount Paid \$
By YB Skagit Co. Treasurer
Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee CAROLINE E. CURRY SMITH 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 SPOUSE

Relationship to decedent

of DONALD C SMITH

Decedent/Grantor

, who died on 1-7-12

Date

at MOUNT VERNON

City

SKAGIT

County

WA.

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: RIDGE AT MADDOX CREEK A CONDOMINIUM
PHASE 2, AF # 200504060077, BUILDING 2, UNIT 305,

Assessor's Property Tax Parcel/Account Number: #P122672
(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)

CHARLOTTE F. CURRY-SMITH

77 AGE, SPOUSE, 1419 DUGBY PL. # 305 MOUNT VERNON,
Full name, age, relationship, address WA, 98274

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

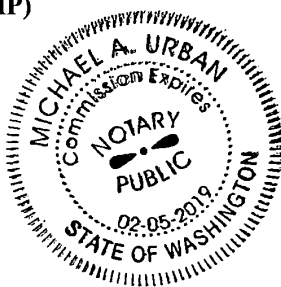
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: October 9, 2018Affiant's full name Caroline Lape Curry-SmithTelephone number 360-428-69871419 Digiluz Pl. # 305City Mount Vernon State WA. Zip Code 98274Signature Caroline Curry-Smith Date 10-9-2018State of WA County of SkagitI know or have satisfactory evidence that Caroline F. Curry-Smith
(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: 10 / 9 / 18Signature of Notary Public [Signature](SEAL OR
STAMP)Residing at: Mount VernonNotary Public in and for the State of WAMy appointment expires: 2 / 19

Unit 305, Building 2, THE RIDGE AT MADDOX CREEK A CONDOMINIUM, PHASE 2, according to the Amended Declaration thereof April 6, 2005, under Auditor's File No. 200504060078, and Survey Map and Plans thereof recorded April 6, 2005, under Auditor's File No. 200504060077, records of Skagit County, Washington; being a portion of Lot B-12, Maddox Creek P.U.D. Phase 3, according to the plat thereof recorded August 14, 2000, under Auditor's File No. 200008140137, records of Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-000547

DATE ISSUED: 01/09/2015

FEE NUMBER: 0000000029

GIVEN NAMES: DONALD CLIFFORD
LAST NAME: SMITH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 07, 2015
HOUR OF DEATH: 05:30 P.M.

SEX: MALE
AGE: 81 YEARS
SOCIAL SECURITY NUMBER: 533-26-7232

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 08, 1933
BIRTHPLACE: ISSAQUAH, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: CAROLINE FULLER

OCCUPATION: SAWYER
INDUSTRY: LUMBER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: CAROLINE SMITH
RELATIONSHIP: WIFE
ADDRESS: 1419 DIGBY PL #305 MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A. BRONCHOGENIC CARCINOMA
INTERVAL: 1-2 YEARS
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PLEURAL EFFUSION

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

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1419 DIGBY PLACE UNIT 305
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1419 DIGBY PLACE 305
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: CALVIN THOMAS SMITH
MOTHER: MILDRED JESSE HARRISON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JANUARY 09, 2015

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
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: JANUARY 08, 2015



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

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JANUARY 09, 2015

DOH 01-003 (6/14)



Affidavit for Correction

201810090107

Mail to: Center for Health Statistics

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P.O. Box 4814
Olympia, WA 98504-7814

360-236-4300

www.doh.wa.gov

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: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: City or County
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4. Father/Parent Full Birth Name (Spouse for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse for Marriage or Dissolution)
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
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:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: (Printed Name)	16. Date:	17. Address:
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All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

Birth Certificates

- Only a parent, 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 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.
 - Child under 18**
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the 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). 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 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 422-034 June 2014

CERTIFIED

JAN 09 2015

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

BB00055294