



201811130114

11/13/2018 03:21 PM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

Return Address:

Land Title & Escrow

3010 Commercial Ave

Anacortes, WA 98221

Land Title and Escrow

AFFIDAVIT (LACK OF PROBATE)

02168015-DE

The undersigned affiant/grantee Willy V. Evans, 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 Thomas F. Evans

Decedent/Grantor

, who died on 2/13/2018

Date

at Anacortes

City

Skagit

County

WA

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Ptn Lot 35, Skyline #19

SEE ATTACHED FOR FULL LEGAL DESCRIPTION

Assessor's Property Tax Parcel/Account Number: P59881

(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 5)

Willy V. Evans

Spouse, age 19

Full name, age, relationship, address

1821 Fife Place

Anacortes, WA 98221

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 : 11/13/2018

Willy V. Evans

Affiant's full name

360-293-9210

Telephone number

1821 Fife Place

Anacortes	Street WA	98221
City	State	Zip Code

Willy V. Evans
Signature

11/13/2018
Date

State of WA County of Skagit

I know or have satisfactory evidence that Willy V. Evans
(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: 11/13/2018(SEAL OR
STAMP)

Kari A. Pittenridge
Signature of Notary Public

Residing at: Oak HarborNotary Public in and for the State of WAMy appointment expires: 7/16 /2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-007662

DATE ISSUED: 02/20/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS FREDERICK
LAST NAME(S): EVANS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 13, 2018
HOUR OF DEATH: 10:30 PM
SEX: MALE AGE: 93 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: NEW YORK, NY

MARITAL STATUS: MARRIED
SPOUSE: WILLY V VUYSJE

OCCUPATION: CHEMICAL ENGINEER
INDUSTRY: POLLUTION AND NUCLEAR ENERGY
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

INFORMANT: WILLY V EVANS
RELATIONSHIP: WIFE
ADDRESS: 1821 FIFE PLACE, ANACORTES, WA 98221

CAUSE OF DEATH:
A: PULMONARY FIBROSIS
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1821 FIFE PLACE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1821 FIFE PLACE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: THOMAS EDWIN EVANS
MOTHER/PARENT: JENNY SOFIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: FEBRUARY 20, 2018

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: FEBRUARY 16, 2018

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: FEBRUARY 20, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201811130114

Mail to: Center for Health Statistics

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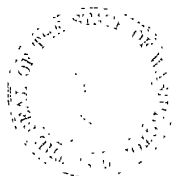
Olympia, WA 98504-7814
360-236-4300

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				
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 2 nd parent (if required):		
Printed name:		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:				
<ul style="list-style-type: none">• 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				
<ul style="list-style-type: none">• 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)				
<ul style="list-style-type: none">• 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



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

CERTIFIED

FEB 20 2018

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

0 1 8 0 1 5 4 9

Escrow No.: 02-168015-OE

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 35, "SKYLINE NO. 9," as per plat recorded in Volume 9 of Plats, pages 75, 76 and 77, records of Skagit County, Washington,

EXCEPT that portion thereof described as follows:

Beginning at the most Southerly corner of Lot 36 of said plat;
thence South $1^{\circ}31'44''$ West along the East line of said Lot 35, a distance of 7 feet;
thence Northwesterly in a straight line to the most Northerly corner of said Lot 35;
thence along the Northerly line of said Lot 35, South $55^{\circ}46'13''$ East 127.65 feet to the point of beginning.

Situate in the City of Anacortes, County of Skagit, State of Washington.