

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>
Maria J. Gruener 8192 Garden of Eden Road Sedro-Woolley, WA 98284	Legal	Spouse
Hans Gruener 17503 24 th Ave. NW Arlington, WA 98223	Legal	Child
Andrea Gruener 8424 Garden of Eden Road Sedro-Woolley, WA 98284	Legal	Child
Elisabeth Lynn 23221 SR 530 NE Arlington, WA 98223	Legal	Child
Dalton Gruener Address Unknown	Legal	Grandchild
Daylan Nelson 8424 Garden of Eden Road Sedro-Woolley, WA 98284	Legal	Grandchild
Dentin Nelson 8424 Garden of Eden Road Sedro-Woolley, WA 98284	Legal	Grandchild

Hans B. Gruener
8192 Garden of Eden Road
Sedro-Woolley, WA 98284

Legal

Grandchild

Conrad Gruener
17503 24th Ave. NW
Arlington, WA 98223

Legal

Grandchild

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:

350414-1-013-0002 / P36593:

The West ½ of the West ½ of the Southeast ¼ of the Northeast ¼, North of the "NORTHERN PACIFIC ADDITION TO ANACORTES," as per plat recorded in Volume 2 of Plats, page 9, records of Skagit County, Washington, EXCEPT the road and also the South 15 feet of the West ½ of the West ½ of the Northeast ¼ of the Northeast ¼, all in Section 14, Township 35 North, Range 4 East, W.M.

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 May 15, 1991. The Will devises and states that:

Fourth, Residue (A) I give, devise and bequeath all the rest, residue and remainder of my estate to my beloved wife, MARIA J. GRUENER, provided she survives me by ninety (90) days.

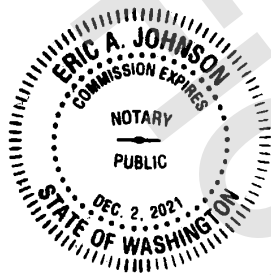
DATED: Oct. 18 - 2018, 2018

Maria J. Gruener
 Maria J. Gruener - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Maria J. Gruener** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 18th day of October, 2018.



[Handwritten Signature]

Notary Public in and for the State of Washington,
residing at Sedro-Woolley
My appointment expires 12/2/21

UNRECORDED PUBLIC DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-002390

DATE ISSUED: 01/24/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHANN M
LAST NAME(S): GRUENER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 10, 2018
HOUR OF DEATH: 05:56 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 8192 GARDEN OF EDEN ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 8192 GARDEN OF EDEN ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 54 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: EBERSBERG GERMANY

FATHER/PARENT: JOHANN GRUENER
MOTHER/PARENT: MARGARET [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: MARIA J BECK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: PHYSICIAN
INDUSTRY: MEDICINE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 18, 2018

INFORMANT: MARIA J GRUENER
RELATIONSHIP: SPOUSE
ADDRESS: 8192 GARDEN OF EDEN RD, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:
A: UNDETERMINED NATURAL CAUSES
INTERVAL: UNKNOWN
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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: RICO ROMANO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
DATE SIGNED: JANUARY 18, 2018

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JANUARY 18, 2018



Affidavit for Correction

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P.O. Box 47814
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: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, 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: 8. The record now shows, 9. The true fact is, 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.

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



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

CERTIFIED

JAN 24 2018

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



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