

Return Address:

Jacqueline L. Chamness  
205 N. 6th Street  
LaConner, Wa 98257

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Jacqueline L. Chamness 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 wife  
Relationship to decedent  
of Ellwood J Chamness, who died on Apr. 24, 2005  
Decedent/Grantor Date  
at LaConner Skagit Wa.  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: 205 N 6th St. LaConner, Wa  
98257  
Calhoun's to LaConner, Block 15, Lot  
North 50 Feet of Lots 9 & 12

Assessor's Property Tax Parcel/Account Number: 1D 108986  
(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

Jacqueline L. Chamness, 75, wife  
2050 N. 6th Street, LaConner, Wa 98257

Full name, age, relationship, address

Christine L. Biggs<sup>53</sup> daughter,  
433 Sioux Drive, Mt. Vernon, Wa 98273

Full name, age, relationship, address

Katherine A. Kroon<sup>48</sup> daughter,  
14811 Channel Drive, LaConner, Wa 98257

Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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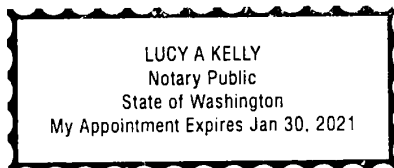
Full name, age, relationship, address

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Full name, age, relationship, address

Dated: January 9, 2019Affiant's full name Jacqueline L. ChamnessTelephone number 360-466-4327205 N. 6<sup>th</sup> Street  
LaConner Wa 98257  
City State Zip CodeJacqueline L. Chamness 1/9/2019  
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Jacqueline L. Chamness  
(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: 01/09/2019Lucy A Kelly  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: LaConnerNotary Public in and for the State of WashingtonMy appointment expires: 01/30/2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number <b>352-05</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any): First Middle LAST <b>Elwood James CHAMNESS</b>			2. Death Date <b>Apr 24, 2005</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>63</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>[REDACTED]</b>	8a. Birthplace (City, Town, or County) <b>Tacoma</b>	8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>Masters Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) <b>205 North 6th Street</b>				13b. City or Town <b>La Conner</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98257</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>59y</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Jacqueline Lee Johnson</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Teacher</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Public Education</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Earl Theodore Chamness</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Gertrude Hazel Lucille [REDACTED]</b>		
21. Informant's Name <b>Jacqueline Lee Chamness</b>		22. Relationship to Decedent <b>Spouse</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>205 North 6th Street La Conner WA 98257</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>205 North 6th Street</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>		
25. Facility Name (If not a facility, give number & street or location) <b>205 North 6th Street</b>			26a. City, Town, or Location of Death <b>La Conner</b>		26b. State <b>WA</b>
26c. Zip Code <b>98257</b>		27. Location-City/Town, and State <b>Anacortes, Washington</b>		28. Date of Disposition <b>Apr 26, 2005</b>	
29. Method of Disposition <b>Cremation</b>			29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		
30. Name and Complete Address of Funeral Facility <b>Skagit Cremation Services, LLC PO Box 2411, Mount Vernon, WA 98273</b>			31. Date of Disposition <b>Apr 26, 2005</b>		
32. Funeral Director Signature X <b>Joseph A. Wham</b>					
33. 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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Mesothelioma</b> Interval between Onset & Death: <b>1 Year</b> Due to (or as a consequence of): b. Interval between Onset & Death: Due to (or as a consequence of): c. Interval between Onset & Death: Due to (or as a consequence of): d. Interval between Onset & Death: 34. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Prostate Cancer</b>					
35. 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		36. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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		37. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. Date of Injury (mm/dd/yyyy) <b>[REDACTED]</b>		39. Hour of Injury (24hrs) <b>[REDACTED]</b>		40. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>[REDACTED]</b>	
41. Location of Injury: Number & Street <b>[REDACTED]</b>		42. City or Town <b>[REDACTED]</b>		43. State <b>[REDACTED]</b>	
44. Describe how injury occurred <b>[REDACTED]</b>		45. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		46. Medical Examiner/Coroner - (On the basis of examination, or on a written report in my opinion, death occurred at the time, place, and cause stated.) <b>[REDACTED]</b>	
47. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Stephen M. Aldrich, M.D. PO Box 468, Burlington, WA 98233</b>		48. Hour of Death (24hrs) <b>11:15 AM</b>		49. Date Signed (mm/dd/yyyy) <b>April 25, 2005</b>	
50. Title of Certifier <b>MD</b>		51. License Number <b>MD00013642</b>		52. ME/Coroner File Number <b>NJA # 109</b>	
53. Registrar Signature <b>Donothy Epps</b>		54. Date Received (mm/dd/yyyy) <b>April 26, 2005</b>		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
56. Amendments					

DOH/CHS 003 Rev 2/05/2004

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



# Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
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: <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:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
<p>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 <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p><b>All changes must be established by documentary proof submitted with the affidavit</b></p> <p>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</p> <p><b>Birth Certificates:</b></p> <ol style="list-style-type: none"> <li>Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</li> <li>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.</li> <li>Proof must be five (or more) years old or have been established within five years of birth.</li> <li>Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> <li>- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.</li> <li>- 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.</li> <li>- 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.</li> </ul> </li> <li>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).</li> <li><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b></li> </ol> <p><b>Death Certificates:</b></p> <ol style="list-style-type: none"> <li>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> <li>If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</li> </ol> <p><b>Marriage/Dissolution (Divorce) Certificates:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</li> </ol>				

DOH/CHS 023 (Rev. 9/2002)

**\*CERTIFIED\***  
MAY 03 2005  
*Howard Leibrand*  
Skagit County Health Department  
Howard Leibrand M.D., Health Officer

MM00417296