



**201901150034**

01/15/2019 10:55 AM Pages: 1 of 7 Fees: \$105.00  
Skagit County Auditor

AFTER RECORDING RETURN TO:  
Jayne Marsh Gilbert  
314 Pine St., Suite 211  
Mount Vernon, WA 98273

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**AFFIDAVIT: LACK OF PROBATE**  
**(With Statement of Community Property)**  
**and Death Certificate**

**GRANTOR:** HAROLD G. GREATHOUSE (now deceased) and ANNA T. GREATHOUSE, Surviving Spouse

**GRANTEE:** ANNA T. GREATHOUSE (a/k/a ANNA L. GREATHOUSE)

**ASSESSOR'S PROPERTY TAX**  
**PARCEL OR ACCOUNT NOS.** P67460 / 3955-000-026-0009

**REFERENCE NOS OF DOCUMENTS**  
**ASSIGNED OR RELEASED:** None.

ANNA T. GREATHOUSE, being first duly sworn upon oath, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, and is the surviving spouse of the Decedent, Harold G. Greathouse, who died on August 13, 2014, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto.

**Real Property Description:**

**Parcel No. P67460 (Commonly known as 18046 Webster Lane, Mount Vernon, WA 98273):**  
Tracts Twenty-five (25) and Twenty-six (26), MEMORIAL HIGHWAY TRACTS as per plat recorded in Volume 5 of Plats, page 35 records of Skagit County.

Situate in the County of Skagit, State of Washington.

**Status of Will**

Decedent left a Community Property Agreement in favor of surviving spouse, which has been recorded under Skagit County Auditor File No. 201410200100.

In addition, Decedent left a Last Will and Testament which has not been probated or revoked, but has been filed with the Skagit County Clerk under Superior Court Cause No. 14-4-00369-2. The Will provides for the distribution of all of the Decedent's estate to his spouse, Anna T. Greathouse.

**Heirs At Law:**

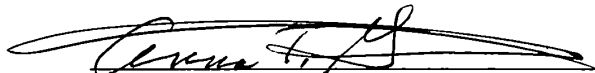
Affiant hereby identifies all heirs at law of the Decedent:

<u>Name and Address</u>	<u>Age</u>	<u>Relationship</u>
Anna T. Greathouse a/k/a Anna T. Greathouse 18046 Webster Lane Mount Vernon, WA 98273	Legal	Surviving Spouse
Steven Greathouse 18046 Webster Lane Mount Vernon, WA 98273	Legal	Son
Allen Greathouse 18046 Webster Lane Mount Vernon, WA 98273	Legal	Son
Turine Greathouse Higgins PO Box 106 La Conner, WA 98257	Legal	Daughter
Terry Greathouse, son Deceased: December 2014		

The Affiant states of her own knowledge that each of the obligations of the Estate of Harold G. Greathouse, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Decedent's surviving spouse.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of said Decedent, his heirs, creditors, and the taxing authorities.

DATED this 04 day of October 2018.



ANNA T. GREATHOUSE,  
Surviving Spouse


STATE OF WASHINGTON )

COUNTY OF SKAGIT )

On this day personally appeared before me ANNA T. GREATHOUSE, to me known to be the individual 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 4th day of October 2018.



  
NOTARY PUBLIC in and for the state of Washington  
Residing at: Burlington, WA  
My commission expires: 1-29-21

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-018220

LOCAL FILE NUMBER: 692

DATE ISSUED: 08/18/2014

FEE NUMBER: 0000000029

GIVEN NAMES: HAROLD GLEN  
LAST NAME: GREATHOUSE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 13, 2014  
HOUR OF DEATH: 05:40 P.M.  
SEX: MALE  
AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: ANNA TURINE PEDERSON

OCCUPATION: EQUIPMENT OPERATOR  
INDUSTRY: POWER INDUSTRY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: ANNA T. GREATHOUSE  
RELATIONSHIP: SPOUSE  
ADDRESS: 18046 WEBSTER LANE MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 18046 WEBSTER LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 18046 WEBSTER LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 54 YEARS

FATHER: HOWARD GREATHOUSE  
MOTHER: JESSIE FAYE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: AUGUST 16, 2014

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

CAUSE OF DEATH:  
A. UNSPECIFIED NATURAL CAUSES  
INTERVAL: WEEKS

B.  
INTERVAL:

C.  
INTERVAL:

D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
DEMENTIA, ATRIAL FIBRILLATION

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: HENNING PFORTE, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: AUGUST 15, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA-494  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: AUGUST 15, 2014



## Affidavit for Correction

01/15/2019 10:55 AM Page 5 of 7  
 Mail to: Center for Health Statistics  
 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300  
[www.doh.wa.gov](http://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:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
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6.	7.
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8.	9.
----	----

10.	11.
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12.	13.
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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:	16. Date:	17. Address:
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(Printed Name)

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	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	
Passport	Hospital /Medical Record	

## 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.
- |  |   |
|--|---|
| <b>Child under 18</b> <ul style="list-style-type: none"> <li>Only parent(s) or legal guardian can change the birth certificate.</li> <li>Guardian must submit certified court order giving them authority to act on behalf of child(ren).</li> <li>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.</li> <li>Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.</li> <li>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.</li> </ul> | <b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>Only the adult themselves can change the birth certificate.</li> <li>If the first or middle name is absent, three pieces of documentary proof are required.</li> <li>If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.</li> <li>To correct parent's birth date, place of birth, or name, one documentary proof is required.</li> <li>Proof must be five (or more) years old or have been established within five years of birth.</li> </ul> |
|--|---|
- 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 January 2014

\*CERTIFIED\*

AUG 18 2014

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

AA00222046

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-029403

DATE ISSUED: 12/19/2014

FEE NUMBER: 0000000029

GIVEN NAMES: TERRY DUANE  
LAST NAME: GREATHOUSE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 16, 2014  
HOUR OF DEATH: 08:42 P.M.  
SEX: MALE  
AGE: 60 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: WELDER  
INDUSTRY: MARINE INDUSTRY  
EDUCATION: 9-12TH GRADE, NO DIPLOMA  
US ARMED FORCES? YES

INFORMANT: ANNA TURINE GREATHOUSE  
RELATIONSHIP: MOTHER  
ADDRESS: 18046 WEBSTER LANE, MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 18046 WEBSTER LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 18046 WEBSTER LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: HAROLD GLEN GREATHOUSE  
MOTHER: ANNA TURINE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: DECEMBER 19, 2014

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

CAUSE OF DEATH:  
A. CANCER OF THE TONGUE, METASTATIC  
INTERVAL: 11 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:

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: JANET G. HANSON, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2116 EAST SECTION STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: DECEMBER 18, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA-788  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: DECEMBER 19, 2014



# Affidavit for Correction

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

P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300  
www.doh.wa.gov

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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1. Name on record:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
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6.	7.
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8.	9.
----	----

10.	11.
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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 foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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(Printed Name)

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.**

<b>Examples of acceptable documentary proof:</b>	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.
- 4. 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\***

DEC 19 2014

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

BB00054787