

After recording, return to:
Margerete Noble



201901150053

01/15/2019 11:32 AM Pages: 1 of 4 Fees: \$102.00
Skagit County Auditor

CHICAGO TITLE
620036689

Grantor (Name of Decedent): Eugene Elmer Noble
Grantee (Heirs): Margarete Noble / aka Margerete Noble
Abbreviated Legal Description: Lot(s): 4, 5 and Ptn. 3 Block: 91 CITY OF ANACORTES
Tax Parcel No.(s): P55548 / 3772-091-005-0004

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF Snohomish

The undersigned, Brenda Morales for Quality Care Services Inc Guardian for Margerete Noble, executes this affidavit relating to the estate of Eugene Elmer Noble (herein "Decedent"), who died on 12-11-2008, in the County of Skagit Co., State of WA, then being a resident of the City of Anacortes, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
 - ☒ the lawful surviving spouse of the Decedent
 - ☐ Registered domestic partner of the Decedent
 - ☐ Surviving child of the Decedent
 - ☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 - ☐ other (identify): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
 [Use the reverse side or attach a list if necessary]

Name and relationship: Margarete Noble, spouse

Name and relationship: MARGARETE NOBLE, spouse

Name and relationship: MARGARET NOBLE, spouse

Name and relationship: MARGARETTE NOBLE, spouse

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:

The West half of Lot 3, and all of Lots 4 and 5, Block 91, "CITY OF ANACORTES", according to the plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington.

Situated in Skagit County, Washington.

5. Status of the Will (if any)

- ☐ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

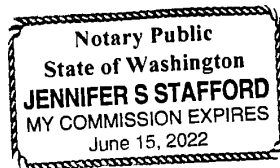
+ Brenda Morales
 Signature
Brenda Morales
 Print Name

Jan 4, 2019
 Date

State of Washington

X County of Snohomish

Signed and sworn to (or affirmed) before me on January 4th 2019 by Brenda Morales
 (name of person making statement).



Jennifer S. Stafford
 Name: Jennifer S. Stafford
 Notary Public in and for the State of Washington,
 Residing at: Snohomish
 My appointment expires: June 15 2022

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number: **1110-08** Washington State Certificate of Death State File Number: **8 75578**

1. Legal Name (Include AKA's if any): First Eugene Middle Elmer LAST NOBLE Suffix		2. Death Date Dec 11, 2008	
3. Sex (M/F) M	4a. Age - Last Birthday 76	4b. Under 1 Year Months 0 Days 0	4c. Under 1 Day Hours 0 Minutes 0
5. Social Security Number [REDACTED]		6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Anacortes	8b. (State or Foreign Country) Washington	8. Decedent's Education 10th Grade - No Diploma
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) Caucasian	
12. Was Decedent ever in U.S. Armed Forces? Yes			
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.) 1309-16th St.		13b. City or Town Anacortes	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221
14. Estimated length of time at residence 40 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Margarete Zeltinger
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED)) Press Operator		18. Kind of Business/Industry (Do not use Company Name) Plywood Mill	
19. Father's Name (First, Middle, Last, Suffix) Cecil (nm) Noble		20. Mother's Name Before First Marriage (First, Middle, Last) Pauline Delores [REDACTED]	
21. Informant's Name Margarete Noble	22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. 1309-16th St.	City or Town Anacortes State WA Zip 98221
24. Place of Death, if Death Occurred in a Hospital: 1309-16th St.		24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence	
25. Facility Name (if not a facility, give number & street or location) 1309-16th St.		26a. City, Town, or Location of Death Anacortes	26b. State WA
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory	30. Location-City/Town, and State Anacortes, Washington
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 52nd St. Anacortes, WA 98221-		32. Date of Disposition Dec 13, 2008	
33. Funeral Director Signature <i>[Signature]</i>			
34. 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.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pulmonary HTN		Interval between Onset & Death YNS	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b.		Interval between Onset & Death	
c.		Interval between Onset & Death	
d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above HTN		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. 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	39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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	40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street		Apt No.	
City or Town:		County:	State:
46. Describe how injury occurred		Zip Code + 4:	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place indicated, and the cause of death is as stated.		48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) John R. Mathis M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221		50. Hour of Death (24hrs) Mid-PM Hours	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))		52. Date Signed (mm/dd/yyyy) Dec 12, 2008	
53. Title of Certifier M.D.	54. License Number MD00031284	55. ME/Coroner File Number 246-08	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>		58. Date Received (mm/dd/yyyy) DEC 12 2008	
59. Amendments			

DOHCHS 003 Rev 07/09/07

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last Maiden		
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: PO Box or Street Address City State Zip				
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 foregoing is true and correct

16a. Signature:	16b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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
 - 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
 - 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
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- *To change any part of the name of a child using this form, 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

- 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 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
- 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 January 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

DEC 17 2018



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