



201901180003

01/18/2019 08:44 AM Pages: 1 of 5 Fees: \$103.00  
Skagit County Auditor

**After recording mail to:**

Stiles Law Inc., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

Address: 34180 Hamilton Cemetery Road  
Legal : 5AC TR & HOUSE IN PTN NE 1/4 SW 1/4 SW 1/4  
Tax Parcel # 350611-3-008-0006 / P41041  
350611-3-008-0204 / P41043

**LACK OF PROBATE REAL ESTATE AFFIDAVIT**

State of Washington )  
 ) ss.  
County of Skagit )

The affiant, TERESA LETELLIER, executes this affidavit relating to the estate of MICHAEL ROSS COOK, the Decedent, who died on November 4, 2018, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

TERESA LETELLIER, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The affiant is (check one):

- The lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One 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:) \_\_\_\_\_

**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>
Teresa Letellier 7832 Ensley Road Sedro Woolley, WA 98284	legal	daughter

**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:

**350611-3-008-0006 / P41041 & 350611-3-008-0204 / P41043**

Tract 1 of Short Plat #52-81, approved November 23, 1981 and Recorded November 24, 1981, under Auditor's File No. 8111240018, records of Skagit County, Washington, being a portion of the NE Quarter of the SW Quarter of the SW Quarter of Section 11, Township 35 North, Range 6 East W.M.

**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 01/22/2003. The Will devises and states that:



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-049188

DATE ISSUED: 11/30/2018  
FEE NUMBER:FIRST AND MIDDLE NAME(S): MICHAEL ROSS  
LAST NAME(S): COOKCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 04, 2018  
HOUR OF DEATH: 05:08 PM  
SEX: MALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: WAMARITAL STATUS: SEPARATED  
SPOUSE: UNKNOWNOCCUPATION: MANAGER  
INDUSTRY: HOUSING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YESINFORMANT: TERESA LETELLIER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 7832 ENSLEY ROAD, SEDRO WOOLLEY, WA 98284

## CAUSE OF DEATH:

- A: ASPHYXIA  
INTERVAL: SECONDS
- B: CHOKING ON FOOD BOLUS (HOT DOG)  
INTERVAL: SECONDS
- C:  
INTERVAL:
- D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PREVIOUS CEREBRAL-  
VASCULAR ACCIDENT, HYPERTENSION, ATHEROSCLEROTIC CARDIOVASCULAR  
DISEASEDATE OF INJURY: NOVEMBER 04, 2018  
HOUR OF INJURY: 04:40 PM  
INJURY AT WORK: NO  
PLACE OF INJURY: ASSISTED LIVING FACILITY

LOCATION OF INJURY: 1810 E. DIVISION STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED: CHOKED ON FOOD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: MOUNTAIN GLEN  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 1810 E DIVISION ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARSFATHER/PARENT: ROSS COOK  
MOTHER/PARENT: GEORGIA [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SOLIE CREMATORYCITY, STATE: EVERETT, WASHINGTON  
DISPOSITION DATE: NOVEMBER 13, 2018

FUNERAL FACILITY: CHOICE CREMATIONS OF THE CASCADES

ADDRESS: 3305 COLBY AVE  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201  
FUNERAL DIRECTOR: JON GORDONMANNER OF DEATH: ACCIDENT  
AUTOPSY: YES  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NO  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: NOVEMBER 05, 2018CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 18SK0338  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: NOVEMBER 13, 2018



Affidavit for Correction

Center for Health Statistics
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

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, and Required information sections.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record now shows: and The true fact is: with rows 8-15 for recording discrepancies.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

Signature fields for 16a. Signature and 16b. Signature of 2nd parent (if required).

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:

- List of documentary proof examples: 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).
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- List of requirements for child under 18: If legal guardian(s), include certified court order proving guardianship; Up to age one, last name can be changed once; 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)

- List of requirements for adult: 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

\*CERTIFIED\*

NOV 30 2018

Signature of Howard Leibrand, Health Officer, Skagit County Health Department



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



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