

RETURN TO:

Patrick M. Hayden
P.O. Box 454
Sedro-Woolley, WA 98284



201902010022

02/01/2019 09:30 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

DOCUMENT TITLE(S) *(or transactions contained herein)*

Affidavit - Lack of Probate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

AF #201606220030 Deed creating Community Property between spouses

GRANTOR(S) *(Last name, first name and initials):*

1. Anderson, Terry L.

GRANTEE(S) *(Last name, first name and initials):*

1. Anderson, Floyd L.

LEGAL DESCRIPTION *(Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).*

Lot 25, Everett's Fertile Acres, Vol 7 of Plats, Pgs 16-17, includes M/H 1746LC393 Artcraft, 50x10

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

P65254/3901-000-025-0004 and P65255/3901-000-025-0103

Return to:
Floyd L. Anderson
PO Box 523
Concrete, WA. 98237

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019 354
FEB 01 2019

Amount Paid \$0
Skagit Co. Treasurer
By *nam* Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee, (**Grantee:**) **Floyd L. Anderson**, being first duly sworn deposes and states as follows:

1. Decedent: That they are the rightful heir as listed on Heirs at law, to the Community Property real property described below (See AF# 201606220030), and is the surviving spouse of (**Grantor:**) **Terry L. Anderson**, who died on December 10, 2018 at Seattle, King County, Washington. Attached is a certified copy of the Certificate of Death of Terry L. Anderson.

2. Real Property: The real property subject to this affidavit is described as follows:

Assessor's Parcel No. P65254

Lot 25, except for the East 100 feet thereof, "Everett's Fertile Acres", according to the Plat thereof recorded in Volume 7 of Plats, pages 16 and 17, records of Skagit County, Washington. (Includes M/H 1746LC393 Artcraft 66 50x10)

Subject to: Declaration of Protective Restrictions recorded October 1, 1969 under Auditor's File No. 732789.

Assessor's Parcel No. P65255

The Easterly 100 feet of Lot 25, "Everett's Fertile Acres", according to the Plat thereof recorded in Volume 7 of Plats, pages 16 and 17, records of Skagit County, Washington.

Subject to Paragraphs A and B, Schedule B-1 of First American Title Company's Preliminary Commitment No. 26172.

All situated in Skagit County, Washington.

3. Will: The decedent left no will. There is no pending probate.

4. Heirs at Law: "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of decedent. Affiant hereby identifies all heirs at law of the decedent:

a. Floyd L. Anderson	Spouse	Legal Age
b. Charles A. Watts	Son	Legal Age
c. Kellie Wake	Daughter	Legal Age
d. Kim Watts	Daughter	Legal Age
e. Bill Watts, Jr.	Son	Legal Age

Dated this 30 day of January, 2019.

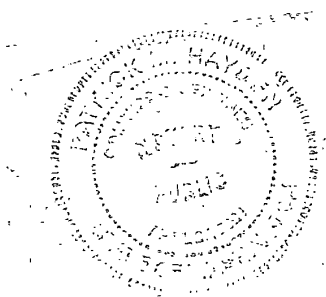
Floyd L. Anderson

Floyd L. Anderson
PO Box 523
Concrete, WA. 98237
Tel. 360-202-5650

State of Washington)
) ss.
County of Skagit)

I know or have satisfactory evidence that ^{Floyd}~~Terry~~ L. Anderson 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 purposes mentioned in this affidavit.

Dated this 30 day of January, 2019.



Patrick M. Hayden

NOTARY PUBLIC in and for the State
of Washington residing at Sedro-Woolley.
Name: Patrick M. Hayden
My commission expires: 44-27-21

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-054760

DATE ISSUED: 12/14/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): TERRY LYNN

LAST NAME(S): ANDERSON

COUNTY OF DEATH: KING

DATE OF DEATH: DECEMBER 10, 2018

HOUR OF DEATH: 10:47 PM

SEX: FEMALE AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 1, 1949

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SPOUSE: FLOYD ANDERSON

OCCUPATION: COOK

INDUSTRY: RESTAURANT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: FLOYD ANDERSON

RELATIONSHIP: HUSBAND

ADDRESS: 44463 DALLES ROAD CONCRETE, WA 98237

CAUSE OF DEATH:

A: ACUTE SUBDURAL HEMATOMA, NON-TRAUMATIC

INTERVAL: HOURS

B: HYPERTENSION

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE LYMPHOCYTIC
LEUKEMIA IN REMISSION, BRAIN ANEURYSM WITH PRIOR BLEEDING

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 44463 DALLES ROAD

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: BERNIE PENLEY

MOTHER/PARENT: WANDA [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: BOW CEMETERY

CITY, STATE: BOW, WASHINGTON

DISPOSITION DATE: DECEMBER 17, 2018

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

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

CERTIFIER NAME: RANDALL CHESNUT, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: HMC 325 9TH AVE

CITY, STATE, ZIP: SEATTLE, WA 98104

DATE SIGNED: DECEMBER 11, 2018

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NJA18-4621

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: DECEMBER 13, 2018



Affidavit for Correction

02/01/2019 09:30 AM Page 5 of 5
 Department of 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

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	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 and County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last	
	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: P.O. Box 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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd 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	Adult (18 years or older)
<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 	<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

*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

- 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.
- 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 October 2015



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

CERTIFIED

DEC 14 2018

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



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