



201902010028

02/01/2019 11:24 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

Return Address:

Document Title:

Affidavit

Reference Number (if applicable): _____

Grantor(s):

☐ additional grantor names on page ____.

- 1) Dennis Jason Whitish
- 2) _____

Grantee(s):

☐ additional grantor names on page ____.

- 1) Public
- 2) _____

Abbreviated Legal Description:

☐ full legal on page(s) ____.

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page ____.

Return address:
STEINACKER LAW PLLC
615 E Pioneer, Ste 212
Puyallup, WA 98372

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee, Dennis Jason Whitish, being first duly sworn, deposes and states as follows:

That he is a rightful heir as listed on heirs at law, to the real property described below, and is the son of Kathryn Jeanne Danielson, who died on 12/20/2018 at Anacortes, Skagit County, WA.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Legal description:

Lot 160, Skyline No. 8, as per Plat recorded in volume 9 of Plats, Pages 71, 73 and 74 records of Skagit County, State of Washington.

Assessor's property tax parcel/account number: P59821

 Decedent left no Last Will and Testament
XX Decedent left a Last Will and Testament which HAS NOT been probated or revoked.

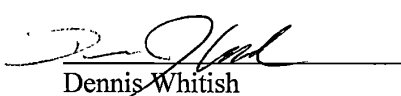
"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent, as defined in RCW 11.04.015.

Affiant hereby identifies all heirs at law of the decedent:

Dennis Whitish (son)
8607 133rd St Ct E
Puyallup, WA 98373

Michael Ray Whitish (son)
1802 Clover Crest St
Enumclaw, WA 98022

Dated: January 29, 2019


Dennis Whitish
8607 133rd St Ct E
Puyallup, WA 98373
253-435-9705

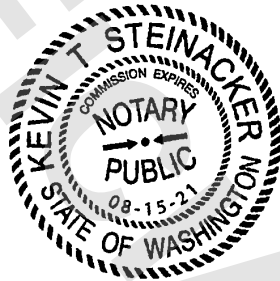
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019 360
FEB 01 2019

Amount Paid \$0
Skagit Co. Treasurer
By man Deputy

STATE OF WASHINGTON)
) ss.
COUNTY OF PIERCE)

I certify that I know or have satisfactory evidence that Dennis Whitish is the person who appeared before me, and said person acknowledged that s/he signed this affidavit and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the affidavit.

DATED this 29 day of January, 2019



A handwritten signature in black ink, appearing to read "Kevin T. Steinacker", written over a horizontal line.

Kevin T. Steinacker

NOTARY PUBLIC in and for the State of
Washington Residing at: Puyallup, WA
My commission expires: 8/15/21.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-056053

DATE ISSUED: 12/21/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KATHRYN JEANNE

LAST NAME(S): DANIELSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 20, 2018

HOUR OF DEATH: 07:30 AM

SEX: FEMALE AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: ACCOUNTANT

INDUSTRY: MARINA

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DENNIS WHITISH

RELATIONSHIP: SON

ADDRESS: 8607-133RD ST. COURT EAST, PUYALLUP, WA 98373

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: 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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 4928 HEATHER DRIVE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4928 HEATHER DRIVE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 47 YEARS

FATHER/PARENT: GEORGE MOORE DOW

MOTHER/PARENT: CLARA TERESA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: DECEMBER 21, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOHN HAAS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: DECEMBER 21, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LINDA FERRARIO

DATE RECEIVED: DECEMBER 21, 2018



Affidavit for Correction

Mar. 10, 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

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record				
Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital			
	Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
7. Return Mailing Address:				
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:		Date:		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:				
<ul style="list-style-type: none"> • 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). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.				
3. 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 				
*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

DEC 21 2018

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



0 2 0 2 3 6 6 3

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