



201902050040

02/05/2019 12:20 PM Pages: 1 of 5 Fees: \$103.00  
Skagit County Auditor

Return Address:

Donald C. Latting  
8971 W. Pressentin Drive  
Concrete, WA 98237

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Donald C. Latting, being first duly sworn  
*Name of Affiant*  
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
property described below, and is the surviving spouse  
*Relationship to decedent*  
of Dorothy M. Latting, who died on 1/21/2019  
*Decedent/Grantor* *Date*  
at Sedro Woolley, Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lots 21 and 22, Pressentin Creek Wilderness

**Full legal description:**

LOTS 21 AND 22, "PRESSENTIN CREEK WILDERNESS, SUBDIVISION NO. 1, SKAGIT COUNTY, WASHINGTON," AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: 3968-000-022-0008 ; Pl 8099  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- 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. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of 3)

\_\_\_\_\_

*Full name, age, relationship, address*  
Donald C. Latting, Surviving spouse, age 77 (Affiant)  
8971 W. Pressentin Drive, Concrete WA 98237

*Full name, age, relationship, address*

\_\_\_\_\_

*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

2019 384  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

FEB 05 2019

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

Dated : 1/27/2019

Donald C. Latting

Affiant's full name  
(360) 826-4554

Telephone number  
8971 W. Pressentin Drive

Concrete WA 98237  
City State Zip Code

x Donald C. Latting 1/27/2019  
Signature Date

State of Washington County of Skagit

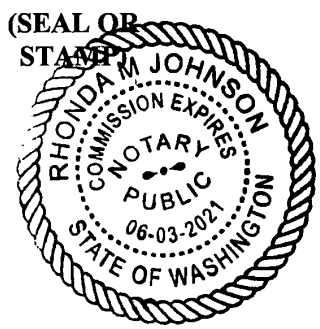
Donald C. Latting

I know or have satisfactory evidence that Donald C. Latting  
(name of person)

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 uses and purposes mentioned in this affidavit.

Dated: 1/27/2019

Rhonda M Johnson  
Signature of Notary Public



Residing at: Burlington, WA

Notary Public in and for the State of ~~WA~~ WA

My appointment expires: 06/03/2021

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-003419

DATE ISSUED: 01/25/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOROTHY MAYE

LAST NAME(S): LATTING

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 21, 2019

HOUR OF DEATH: 01:05 AM

SEX: FEMALE AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BRYSON, NC

MARITAL STATUS: MARRIED

SPOUSE: DONALD CHARLES LATTING

OCCUPATION: SCHOOL BUS DRIVER

INDUSTRY: EDUCATION

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: DONALD CHARLES LATTING

RELATIONSHIP: HUSBAND

ADDRESS: 8971 W. PRESSENTIN DRIVE, CONCRETE, WA 98237

CAUSE OF DEATH:

A: BOWEL PERFORATION / SEPSIS

INTERVAL: 2 DAYS

B: OVARIAN CANCER

INTERVAL: 8 YEARS

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: HOSPITAL

FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 8971 W. PRESSENTIN DRIVE

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT: HENRY WIGGINS

MOTHER/PARENT: LUCY NEOM [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: HAMILTON CEMETERY

CITY, STATE: HAMILTON, WASHINGTON

DISPOSITION DATE: JANUARY 26, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: AMY E. NAVARRE CANTRELL, PAC

TITLE: PHYSICIAN ASSISTANT

CERTIFIER ADDRESS: PO BOX 329

CITY, STATE, ZIP: BURLINGTON, WA 98233

DATE SIGNED: JANUARY 25, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: AMY NAVARRE CANTRELL

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JANUARY 25, 2019



Affidavit for Correction

02/05/2019 12:20 PM Page 5 of 5
Washington State Department of Health
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.

Form fields for Return Mailing Address, Telephone Number, and Email Address.

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

Form fields for recording discrepancies between the current record and the true fact.

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

Form fields for signatures and dates of the declarant and a second parent.

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 acceptable documentary proof including Birth/Marriage/Divorce record, Military record, School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Passport, and Green/Permanent Resident card.

Birth Certificates

- Rules for changing birth certificates, including requirements for parents, guardians, and the need for documentary proof.

Child under 18

- Rules for changing birth certificates for children under 18, including requirements for legal guardians and specific proof.

Adult (18 years or older)

- Rules for changing birth certificates for adults, including requirements for the adult and specific proof.

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

- Rules for changing death certificates, including requirements for informants and medical information.

Marriage/Dissolution (Divorce) Certificates

- Rules for changing marriage or dissolution certificates, including requirements for personal facts and official records.

\*CERTIFIED\*

JAN 25 2019

Handwritten signature of Howard Leibrand

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



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