



201903040069

03/04/2019 11:42 AM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

Return Address:

Mavis Spradlin
P.O. Box 823
Sedro Woolley, WA 98284

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mavis J. Spradlin, 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 Spouse, surviving
Relationship to decedent

of John D. Spradlin, who died on 9-30-2017
Decedent/Grantor Date

at Sedro Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Cascade Park Add Lot 2

825 John Liner Road
Sedro Woolley, WA 98284

Assessor's Property Tax Parcel/Account Number: P76321
(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)

Shanon Dean Spradlin, Son, 54

Full name, age, relationship, address

4723 Lois Lane

Sedro Woolley, WA 98284

Full name, age, relationship, address

MIKKI RENE SPRADLIN, DAUGHTER 51

P.O. Box 631 SEDRO WOOLLEY, WA 98284

Full name, age, relationship, address

MAVIS JUNE SPRADLIN

P.O. Box 833 SEDRO WOOLLEY, WA 98284

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 2-26-2019

Mavis June Spradlin

Affiant's full name

(360) 941-4700

Telephone number

825 John Liner Road

Sedro Woolley ^{Street} WA

City

State

98284

Zip Code

Mavis June Spradlin
Signature

2-26-2019

Date

State of Washington County of Skagit

I know or have satisfactory evidence that Mavis J. Spradlin
(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: 2 / 26 / 19

Melissa H. Spradlin
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Sedro Woolley, WA

Notary Public in and for the State of WA

My appointment expires: 03 / 2022

When recorded return to:
Mavis Spradlin
PO Box 823
Sedro Woolley, WA 98284

QUIT CLAIM DEED

THE GRANTOR(S) MAVIS J. SPRADLIN, spouse of the deceased JOHN D. SPRADLIN,

for and in consideration of (\$1.00)

in hand paid, conveys and quit claims to MAVIS J. SPRADLIN, residing at 825 John Liner Road, Sedro Woolley, WA

the following described real estate, situated in the County of Skagit, State of Washington

together with all after acquired title of the grantor(s) herein:

Current Legal Description

Lot 2, PLAT OF CASCADE PARK ADDITION, according to the plat thereof recorded in Volume 7 of Plats, page 56, records of Skagit County, Washington, being a portion of the Northeast Quarter of Section 24, Township 35, North, Range 4 East of the Willamette Meridian

Tax Parcel Number(s): P76321, 4154-000-002-0004

Dated:

Mavis J. Spradlin

2-26-2019

Mavis J. Spradlin



STATE OF WASHINGTON DEPARTMENT OF HEALTH


CERTIFICATE OF DEATH

DATE ISSUED: 10/03/2017
FEE NUMBER: 311017

CERTIFICATE NUMBER: 2017-042439

FIRST AND MIDDLE NAME(S): JOHN DEAN
LAST NAME(S): SPRADLIN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 30, 2017
HOUR OF DEATH: 04:30 PM
SEX: MALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: FORT WORTH, TX

MARITAL STATUS: MARRIED
SPOUSE: MAVIS JUNE FLEISHER

OCCUPATION: JOURNEYMAN ELECTRICIAN
INDUSTRY: ELECTRICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: MAVIS SPRADLIN
RELATIONSHIP: SPOUSE
ADDRESS: 825 JOHN LINER ROAD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: MESOTHELIOMA
INTERVAL: 2 YEARS 3 MONTHS
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: 825 JOHN LINER ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 825 JOHN LINER ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: JOHN SPRADLIN
MOTHER/PARENT: ANGIE NELL [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: OCTOBER 03, 2017

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOHN K. MOODY

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: OCTOBER 03, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: OCTOBER 03, 2017



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: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

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:

8. The record now shows, 9. The true fact is:
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 2nd parent (if required)

Printed name, 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

- 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

- 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
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)

- 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)

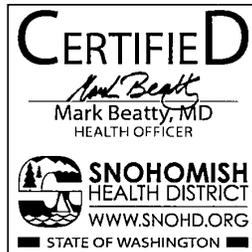
Death Certificates

- 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
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



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