

After recording, return to:
Yvonne Marcotte Kopay



201906040074

06/04/2019 03:05 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

CHICAGO TITLE
U20038363

Grantor (Name of Decedent): Yvonne Marcotte -kopay
Grantee (Heirs): Anthony John Kopay
Abbreviated Legal Description: Fax/Map ID(s): lot 150, Thunderbird East
Tax Parcel No.(s): P83394 (MA) Fifth Addition

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

COUNTY OF Skagit

The undersigned, Yvonne Marcotte -kopay, executes this affidavit relating to the estate of Anthony John Kopay (herein "Decedent"), who died on November 15, 2018, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) 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.

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

other (identify): _____

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Yvonne Marcotte Kopay, spouse
Name and relationship: Kristen Papke (McValley) daughter
Name and relationship: _____
Name and relationship: _____

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

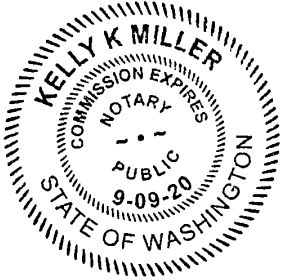
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Yvonne Marcotte-Kopay
Signature
Yvonne Marcotte-Kopay
Print Name

5-30-19
Date

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on May 30, 2019 by Yvonne Marcotte-Kopay
(name of person making statement).



Kelly K Miller
Name: Kelly K Miller
Notary Public in and for the State of WA
Washington,
Residing at: Mount Vernon
My appointment expires:
9-9-2020

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P83394

Lot 150, "THUNDERBIRD EAST FIFTH ADDITION", according to the plat thereof recorded in Volume 14 of Plats, pages 38 and 39, records of Skagit County, Washington.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-050216

DATE ISSUED: 11/26/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANTHONY JOHN

LAST NAME(S): KOPAY

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 15, 2018

HOUR OF DEATH: 05:46 PM

SEX: MALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: MARRIED

SPOUSE: FAYE YVONNE ANDERSON

OCCUPATION: COACH

INDUSTRY: FOOTBALL

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: FAYE YVONNE MARCOTTE-KOPAY

RELATIONSHIP: WIFE

ADDRESS: 4326 KIOWA DRIVE, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: INTRACRANIAL HEMORRHAGE

INTERVAL: HOURS

B: FALL DOWN STAIRS

INTERVAL: HOURS

C: BRAIN MASS

INTERVAL: MONTHS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF ALCOHOL USE

DATE OF INJURY: NOVEMBER 15, 2018

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 4326 KIOWA DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED FALL DOWN FLIGHT OF STAIRS

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 4326 KIOWA DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: ANTON KOPAY

MOTHER/PARENT: MARGUERIT [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: NOVEMBER 20, 2018

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: JEREMIAH T. LESOURD

MANNER OF DEATH: ACCIDENT

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: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: NOVEMBER 19, 2018

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 18SK0347

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: NOVEMBER 19, 2018



Affidavit for Correction

06/04/2019 03:05 PM Page 5 of 5
Mail to: 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	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:		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 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:

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 2nd parent (if required):

Printed name: Date: 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

- 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

- 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)

- 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

CERTIFIED

NOV 26 2018

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



0 2 0 2 2 7 9 9

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