



**201906050009**

06/05/2019 09:12 AM Pages: 1 of 5 Fees: \$103.00  
Skagit County Auditor

**After recording mail to:**

Stiles Law Inc., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

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Address: 12244 Bayhill Drive, Sedro Woolley, WA 98284  
Legal : BAY HILL VILLAGE DIV II, LOT 25  
Tax Parcel # 4618-000-025-0004

**LACK OF PROBATE REAL ESTATE AFFIDAVIT**

State of Washington )  
 ) ss.  
County of Skagit )

The affiant, BETTY A. BOE, executes this affidavit relating to the estate of DONALD E. BOE, the Decedent, who died on April 13, 2017, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

BETTY A. BOE, being first duly sworn, deposes and says:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The affiant is (check one):

- ☒ The lawful surviving spouse of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ Surviving child of the Decedent  
☐ One 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.  
☐ Other (identify:) surviving grandchild of the Decedent

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Betty A. Boe 12244 Bayhill Dr Burlington, WA 98233	legal	spouse

**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:

Lot 25, "BAY HILL VILLAGE DIV, II", as per plat recorded in Volume 15 of Plats, pages 125 and 126, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

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

- ☐ The decedent left no Will that devises real property.
- ☒ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated May 30, 1997. The Will devises and states that:

"SECOND: I hereby give, devise and bequeath my entire estate to my wife, BETTY ANN BOE, provided she survives me by thirty days, but in the event that I should survive my wife, or we die within thirty days of each other, I hereby give, devise and bequeath my personal effects to my two sons, DENNIS BOE and RICHARD BOE. The Balance and residue of my estate, I give to my three children, DENNIS BOE, RICHARD BOE, and JULIE SCHEI, share and share alike."

DATED: 6/7, 2019

Betty A. Boe  
Betty A. Boe - the affiant

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me **Betty A. Boe** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 3 day of June, 2019.



[Signature]  
Notary Public in and for the State of Washington,  
residing at Arlington, WA  
My appointment expires 10-26-22

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-017235

DATE ISSUED: 04/17/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONALD EUGENE  
LAST NAME(S): BOE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 13, 2017  
HOUR OF DEATH: 04:30 AM  
SEX: MALE AGE: 90 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BURLINGTON, SKAGIT COUNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: BETTY DEGOLIER

OCCUPATION: MANAGER  
INDUSTRY: DAIRY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: BETTY BOE  
RELATIONSHIP: WIFE  
ADDRESS: 12244 BAY HILL DRIVE BURLINGTON, WA 98233

CAUSE OF DEATH:  
A: SEPSIS  
INTERVAL: HOURS  
B: PNEUMONIA  
INTERVAL: DAYS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: URINARY TRACT INFECTION, DEMENTIA

DATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
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: 12244 BAY HILL DRIVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER/PARENT: THEODORE BOE  
MOTHER/PARENT: JEANETTE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: APRIL 14, 2017

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: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JONATHAN W. FISH, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 4009 MONTGOMERY CT  
CITY, STATE, ZIP: MT. VERNON, WA 98274  
DATE SIGNED: APRIL 13, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: APRIL 14, 2017



# Affidavit for Correction

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 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 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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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). 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

- 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

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\***

APR 17 2017

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



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