

Return Address:

Roger Boardman
3038 Brentwood Pl.
Oak Harbor, WA 98277

19-2214 & 104 AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee ROGER BOARDMAN, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Husband
Relationship to decedent
 of CHARLOTTE JEAN BOARDMAN who died on 3/15/05
Decedent/Grantor Date
 at ANACORTES SKAGIT WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: full legal pg. 4

15140 Gibraltar Rd, Anacortes, 98221

Ptn. Lots 1-26, Block 132, Fidalgo City

Assessor's Property Tax Parcel/Account Numbers: (List All)

P73204, 4101-182-025-0007

P73205, 4101-182-026-0000

(Attach full legal description(s) of the property)

☒ Decedent left no Last Will and Testament and no Community Property Agreement; or

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
 (See attached copy) or

☐ Decedent left a Community Property agreement recorded in _____ County as
 Auditor's File No. _____ in favor of the surviving spouse or
 an unrecorded agreement which has been attached hereto; or

☐ Decedent left a will which is being/was probated in _____ County,
 State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (*including those not inheriting part of the decedent's estate*):

Roger Boardman, 71, husband

Full name, age and relationship

3088 Brentwood Pl Oak Harbor WA 98277

Address

City

State

Zip

John Boardman 54 WA Son

Full name, age and relationship

Bothell WA

Address

City

State

Zip

Brian Boardman 50 WA Son

Full name, age and relationship

Mayenille, WA

Address

City

State

Zip

Dana Boardman 45 ~~WA~~ Son

Full name, age and relationship

Anacortes, WA

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 0 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (✓) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (✓) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 5/10/19

Roger Z Boardman 360 941 3487
Affiant's full name Telephone number
2088 Brentwood Pl O.H WA 98277
Street City State Zip Code

State of Washington County of Island

I know or have satisfactory evidence that Roger Boardman
(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: May 10, 2019 B Shigley
Signature of Notary Public

(SEAL OR STAMP)

Residing at Island County

Notary Public in and for the State of WA

My appointment expires: May 16, 2021

(Based on REV 84 0017 (1/3/17))



EXHIBIT A

File No.: 19-2214-TO

LEGAL DESCRIPTION

ALL that certain lot, parcel or tract of land, situate and lying in the City of Anacortes , County of Skagit, State of Washington, and being more particularly described as follows:

That portion of the following described premises lying Northerly of the North line of the County Road, as conveyed to Skagit County by deeds recorded June 2, 1949 and October 18, 1949 under Auditor's File Nos. 432111 and 437005:

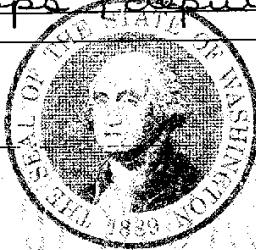
Lots 1 through 26, inclusive, Block 182 of "MAP OF FIDALGO CITY, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 2 of Plats, pages 113 and 114, records of Skagit County, Washington. TOGETHER WITH vacated alley running through said block, and TOGETHER WITH that portion of the South 25 feet of vacated Second street and of vacated West 1/2 of Highland Avenue adjoining said premises which upon vacation attached to said premises by operation of law.

FOR INFORMATIONAL PURPOSES ONLY: Also known as Lot in Block on the City of Anacortes Tax Map.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 144-05		Washington State Certificate of Death		State File Number 5 48538	
1. Legal Name (Include AKA's if any) - First Middle LAST Suffix Charlotte Jean BOARDMAN			2. Death Date Feb 19, 2005		
3. Sex (M/F) F	4a. Age - Last Birthday 64	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7a. Birthplace (City, Town, or County) Wenatchee		7b. (State or Foreign Country) Washington		8. Decedent's education High School Diploma	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 15140 Gibraltar Road				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98221
14. Estimated length of time at residence. 33y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Roger Raymond Boardman	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Paralegal Secretary			18. Kind of Business/Industry (Do not use Company Name) Attorney - Legal		
19. Father's Name (First, Middle, Last, Suffix) Joseph (nmn) Pauckowich			20. Mother's Name (First, Middle, Last) [REDACTED]		
21. Informant's Name Roger Raymond Boardman		22. Relationship to Decedent Husband		23. Mailing Address - Number and Street or RFD No. City or Town State Zip 15140 Gibraltar Road Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			25. Facility Name (If not a facility, give number & street or location) Skagit Valley Hospital		
26. Method of Disposition Burial		27. Place of Final Disposition (Name of cemetery, crematory, other place) Grand View Cemetery		28. Location-City/Town, and State Anacortes, Washington	
29. Name and Complete Address of Funeral Facility Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-			30. Date of Disposition Feb 23, 2005		
33. Funeral Director Signature X <i>[Signature]</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. multiple organ failure: kidney, lung, bone marrow Interval between Onset & Death 2 years Due to (or as a consequence of): b. multiple myeloma Interval between Onset & Death 15 years Due to (or as a consequence of): c. multiple myeloma Interval between Onset & Death 15 years Due to (or as a consequence of):					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy) N/A		42. Hour of Injury (24hrs) N/A		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) N/A	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - For the cause of death, knowledge, and competence, and for the proper cause, date, and place of death (signature and printed name) Mary H. Rose MD			48b. Medical Examiner/Coroner - On the basis of examination and investigation, certify the cause, date, and place of death (signature and printed name) [REDACTED]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mary H. Rose, M.D. 5477 Campbell Lake Road, Anacortes, WA 98221			50. Hour of Death (24hrs) 11:30 AM		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) February 22, 2005		
53. Title of Certifier MD		54. License Number MD00016307		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature Dorothy Epps, Deputy			
58. Date Received (mm/dd/yyyy) Feb. 22, 2005		59. Amendments			



DOH/CHS 003 Rev 2/08/2004

DOH 01-003 (12/11)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE DEPARTMENT OF HEALTH. STATE OF WASHINGTON. CERTIFIED COPY MUST HAVE THE OFFICIAL SEAL.



Affidavit for Correction 06/11/2019 12:26 PM

Patrol 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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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

WW00449875