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06/28/2019 03:12 PM 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

Address: 3904 Fidalgo Bay Road, Anacortes, WA 98221
Legal : Govt Lt 7, Sect 30, TWNShP 35 N, R 2 E, W.M.
Tax Parcel # P33102 / 350230-0-110-0016

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, STEVEN R. GEIGER, executes this affidavit relating to the estate of LUCINDA F. GEIGER, the Decedent, who died on June 4, 2011, 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.

STEVEN R. GEIGER, 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:)

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>
Steven R. Geiger 3904 Fidalgo Bay Road Anacortes, WA 98221	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:

That portion of the following described premises In Government Lot 7, Section 30, Township 35 North, Range 2 East of the Willamette Meridian, lying Easterly of Marine Drive:

Beginning at a point which is North 89°25' East 390.86 feet and South 0°35' East 491.4 feet from the Northwest corner of said Government Lot; Thence East 472 feet, more or less, to the Westerly line of old County Road;

Thence Southerly along said Westerly line to a point 780 feet South of the North line of said Government Lot 7, said point being on the North line of those premises conveyed to J.A. Mitchell by deed dated September 7, 1905, filed February 15, 1906, as File No. 55707 and recorded in Volume 61 of Deeds at page 194;

Thence West along the North lien of said J.A. Mitchell tract to a point which lies South 0°35' East from the point of beginning;

Thence North 0°35' West to the point of beginning;

EXCEPT that portion of said premises conveyed to the State of Washington by deed dated October 8, 1956, filed November 5, 1956 as File No. 543751 and recorded in Volume 282 of Deeds at page 565.

Situated in Skagit County, 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 did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

- (1) Share of surviving spouse or state registered domestic partner.
The surviving spouse or state registered domestic partner shall receive the following share:
 - (a) All of the decedent's share of the net community estate.

DATED: 6/26, 2019

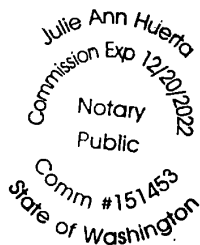


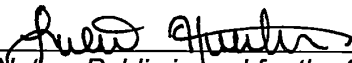
 Steven R. Geiger - Affiant

STATE OF WASHINGTON)
) ss.
 COUNTY OF SKAGIT)

On this day personally appeared before me **Steven R. Geiger** 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 26 day of June, 2019.





 Notary Public in and for the State of Washington,
 residing at Sedro-woolley
 My appointment expires 12-20-22

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number **461-11** Washington State Certificate of Death State File Number **2011 58178**

1. Legal Name (include AKA's if any) First Middle LAST Suffix
Lucinda F. GEIGER

2. Death Date
June 4, 2011

3. Sex (M/F) **Female** 4a. Age - Last Birthday **61** 4b. Under 1 Year **Months** 4c. Under 1 Day **Hours** 5. Social Security Number **[REDACTED]** 6. County of Death **Skagit**

7. Birthplace (City, Town, or County) **Bellingham** 8b. (State or Foreign Country) **Washington** 9. Decedent's Education **Some college, but no degree**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. **No** 11. Decedent's Race(s) **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)
3904 Fidalgo Bay Road 13b. City or Town **Anacortes**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) **Washington** 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98221** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. **7 Years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
Steven Geiger

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE). 18. Kind of Business/Industry (Do not use Company Name)
Vice President **Consulting, Information Technology**

19. Father's Name (First, Middle, Last, Suffix) **Donald T. Walley** 20. Mother's Name Before First Marriage (First, Middle, Last)
Betty [REDACTED]

21. Informant's Name **Steven Geiger** 22. Relationship to Decedent **Husband** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
3904 Fidalgo Bay Road Anacortes, WA 98221

24. Place of Death, if Death Occurred in a Hospital: **Decedent's Residence**

25. Facility Name (If not a facility, give number & street or location) **3904 Fidalgo Bay Road** 26a. City, Town, or Location of Death **Anacortes** 26b. State **WA** 27. Zip Code **98221**

28. Method of Disposition **Cremation** 28. Place of Final Disposition (Name of cemetery, crematory, other place) **Mount Vernon Cemetery Crematory** 30. Location-City/Town, and State **Mount Vernon, Washington**

31. Name and Complete Address of Funeral Facility **Lenley Chapel, Inc., 1008 Third Street, Sedro-Woolley, WA 98284** 32. Date of Disposition **June 7, 2011**

33. Funeral Director Signature X *Joseph [Signature]*

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. **Carcinoma of Unknown Primary** Interval between Onset & Death **2 years**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. **Due to (or as a consequence of):** Interval between Onset & Death

c. **Due to (or as a consequence of):** Interval between Onset & Death

d. **Due to (or as a consequence of):** Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending

39. If female Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: City or Town: County: State: APT No. Zip Code + 4:

46. Describe how injury occurred 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician (To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated) X *[Signature]*

48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Charles V. Kotal, MD 912-32nd Street, Suite A, Anacortes, WA 98221 50. Hour of Death (24hrs) **1707 Hours**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy)
June 7, 2011

53. Title of Certifier **Physician** 54. License Number **MD00035345** 55. ME/Coroner File Number **NJA # 308** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature X *[Signature]* 58. Date Received (mm/dd/yyyy) **JUN - 7 2011**

59. Amendments



Affidavit for Correction

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:
	First Middle Last	MM/DD/YYYY	(City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First Middle Last/Maiden	First Middle Last/Maiden			
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:
PO Box or Street Address City State Zip

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 2 nd 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

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 using this form, **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). 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 January 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

JUN 25 2019



0 2 7 7 5 4 5 8

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