



201906280190

06/28/2019 03:52 PM Pages: 1 of 7 Fees: \$43.00
Skagit County Auditor

AFTER RECORDING MAIL TO:

Name Dianna Harris
Address 12462 Gwen DR # 4
City/State Burlington, WA 98233

Document Title(s):

1. Death Certificate

Reference Number(s) of Documents Assigned or released:

Grantor(s):

1. Hazel Ellen Huff
2. [] Additional information on page of document

Grantee(s):

1. The Public
2. [] Additional information on page of document

Abbreviated Legal Description:

Lot 1, Block 2, Susan Taylor Add. to Sedro-Woolley

Tax Parcel Number(s):

4174-002-001-0007

- [] Complete legal description is on page of document

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-016591

DATE ISSUED: 04/12/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HAZEL ELLEN
LAST NAME(S): HUFF

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 07, 2019 FOUND
HOUR OF DEATH: UNKNOWN
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1200 CURTIS STREET
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 1200 CURTIS STREET
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 48 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEDRO-WOOLLEY, WA

FATHER/PARENT: FOREST DALE TERWILLEGAR
MOTHER/PARENT: CLELA OLIV [REDACTED]

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY

OCCUPATION: WAITRESS
INDUSTRY: RESTAURANT
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

CITY, STATE: SEDRO WOOLLEY, WASHINGTON
DISPOSITION DATE: APRIL 15, 2019

INFORMANT: DIANE HARRIS
RELATIONSHIP: DAUGHTER
ADDRESS: 2464 GWEN DRIVE #4 BURLINGTON, WA 98233

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:
A: NATURAL CAUSES
INTERVAL: 1 MONTH
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: DENIS A. HARLOCK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: PO BOX 450
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
DATE SIGNED: APRIL 12, 2019

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 12, 2019

Affidavit for Correction



This is a legal document. Complete in ink and do not alter.

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: First, Middle, Last
2. Date of Event: MM/DD/YY
3. Place of Event: City or County
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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: P.O. Box or Street Address, 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:

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: 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, 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



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

CERTIFIED

APR 12 2019

Handwritten signature

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



0 2 1 3 8 4 7 9

Return Address:

12462 Gwen Dr #4
Burlington WA
98233

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Nissa Marie Hesse 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 Daughter

of Hazel E. Huff who died on 4/7/19
Relationship to decedent Decedent/Grantor Date

at Sedro-Woolley Skagit Washington
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: _____

Lot 1, BIK 2 Susan Taylor Add to Sedro

Assessor's Property Tax Parcel/Account Numbers: (List All) P 77258

(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):

Dianna Marie Harris 65 Daughter

12462 Gwen Dr #4 Burlington WA 98233

Darla Jean Torset Brawley 61 Daughter

410 Murdock St # F Sedro-Woolley WA 98284

James Dean Knight 59 Son

8277 Maple Ave Lyman Wa. 98263

Dennis Eugene Huff 55 Son

Address City State Zip

Debra Ann Hoover Daughter

12462 Gwen Dr #4 Burlington, WA 98233

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 \$ 225,000.00 of which approximately \$ 225,000.00 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 (X) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (X) 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.

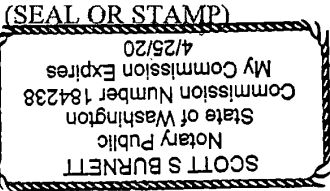
Dated: 5/25/19
Dianna Marie Harris 360-707-100
Affiant's full name Telephone number
12462 Gwen Dr 4 Burlington WA 98233
Street City State Zip Code

State of Washington County of Skagit

I know or have satisfactory evidence that Dianna Marie Harris
(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: 25 May, 2019
[Signature]
Signature of Notary Public
Residing at Anacortes



Notary Public in and for the State of Washington
My appointment expires: 4-25, 2019.

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

 First American Title™	ALTA Commitment for Title Insurance
	ISSUED BY First American Title Insurance Company
Exhibit A	

Commitment No.: 19-2210-TO

The Land referred to herein below is situated in the County of Skagit, State of Washington, and is described as follows:

Lot 1, Block 2, "Susan Taylor Addition to Sedro-Woolley", according to the Plat recorded in Volume 6 of Plats, Page 43, records of Skagit County, Washington, EXCEPTING therefrom that portion of said premises condemned by the State of Washington in Skagit County Superior Court Cause No. 24555, as shown by a certain map on file in the Office of the Director of Highways at Olympia, bearing date of approval July 9, 1957, revised July 16, 1957, entitled Secondary State Highway No. 1-A Howey Road to Sedro Woolley, also recorded in Volume A of Highway Plats, Page 24, under Auditor's File No. 555329.