

Return Address:

Land Title Escrow
2010 Commercial Ave
Anacortes, WA 98221

Land Title and Escrow

02-173722-0E



201909060092

09/06/2019 03:32 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Susan McKeehan, being first duly sworn
Name of Affiant

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

property described below, and is Surviving Spouse
Relationship to decedent

of Norman Clark, who died on 2-9-2004
Decedent/Grantor Date

at La Conner, Skagit, WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Unit N-2, Finley Lane Townhouse Condo.
See attached for full legal
description

Assessor's Property Tax Parcel/Account Number: 41696-000-002-0000
(Attach full legal description of the property) P111805

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Kenneth Norman Clark, 59, child
43299 Fieldsview Court Leesburg VA 20176
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

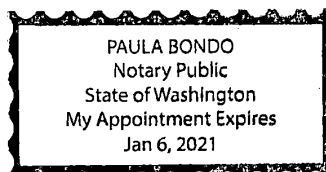
Full name, age, relationship, address

Dated: September 3, 2019Susan McKeehan
Affiant's full name

Telephone number

20018 34th Ave SE
Bothell WA 98012
City State Zip CodeSusan McKeehan 9-3-19
Signature DateState of Washington County of SnohomishI know or have satisfactory evidence that Susan McKeehan
(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: 9/3/19Paula Bondo
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mill CreekNotary Public in and for the State of WashingtonMy appointment expires: 1/6/2021

Escrow No.: 02-173722-OE

EXHIBIT "A"

LEGAL DESCRIPTION

Unit N-2, "FINLEY LANE TOWNHOUSE CONDOMINIUM," as shown on a survey map and plans recorded August 13, 1997, in Volume 16 of Plats, pages 176 through 178, inclusive, under Auditor's File No. 9708130020, and as identified in Declaration of Condominium recorded August 13, 1997, under Auditor's File No. 9708130031, records of Skagit County, Washington.

TOGETHER WITH an undivided 14.28571% interest in the Common Areas as shown and identified on said Survey Map and Plans.

Situate in the Town of La Conner, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death		State File Number	
128-04				4 7113	
1. Legal Name (Include AKA's if any)		First Middle LAST		2. Death Date	
Norman Harold Clark				February 9, 2004	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Male	78	Months Days	Hours Minutes	[REDACTED]	Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education	
[REDACTED]	Mesa	Arizona		Doctorate or Professional Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes
No			White		Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town	
705 Finley Lane				La Conner	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits?
Skagit		Washington		98257	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
3 years		Married		Susan McKeenan	
17. Usual Occupation (Indicate type of work done during most of working life - (DO NOT USE RETIRED).			18. Kind of Business/Industry (Do not use Company Name)		
College Professor, Writer			Education/ History		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Leigh William Clark			Sadie [REDACTED]		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number & Street or RFD No. City or Town State Zip		
Susan McKeenan		Wife	P.O. Box 737, La Conner, Washington 98257		
24. Place of Death: If Death Occurred in a Hospital:					
25. Facility Name (If not a facility, give number & street).					
705 Finley Lane					
26a. City, Town, or Location of Death		26b. State	27. Zip Code		
La Conner		WA	98257		
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Seattle Service Group Crematory		Seattle, Washington	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Bleitz Funeral Home, 316 Florentia St., Seattle, WA 98109				Feb. 13, 2004	
33. Funeral Director Signature X [Signature]					
Cause of Death (See instructions and examples)					
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. PROBABLE MYOCARDIAL INFARCT		Interval between Onset & Death	
		Due to (or as a consequence of):		MINUTES	
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. CORONARY ARTERY DISEASE		Interval between Onset & Death	
		Due to (or as a consequence of):		YEARS	
		c.		Interval between Onset & Death	
		Due to (or as a consequence of):			
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
CONGESTIVE HEART FAILURE, SHINGLES					
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street		City or Town: County: State: Zip Code + 4:		Apt. No.	
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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.					
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.					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		Robert M. Clark		50. Hour of Death (24hrs)	
700 South Second St., Room 301, Mount Vernon, WA 98273				0215	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (mm/dd/yyyy)	
				2/10/2004	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number	
Deputy Coroner				012-04	
56. Was case referred to medical examiner?		57. Registrar Signature X		58. Date Received (MM/DD/YYYY)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Dorothy Epps, deputy		FEB 11 2004	
59. Record Amendment		Item		Reviewed by	



Affidavit for Correction

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

 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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:
	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital				
Person on Record: <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:	Printed name:
Date:	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

*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.

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

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). 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 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

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

ISSUED

SEP 05 2019



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