

**Return Address:**

**Eleanor J. Hull**  
803 Sauk Mountain Drive  
Sedro-Woolley, WA 98284

Land Title and Escrow:  
Order Number: 01-173954-OE

Land Title and Escrow

State of Washington

County of Skagit

**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared **ELEANOR J. HULL** Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: DANIEL L. HULL
3. The decedent died on March, 14, 2008 (date) at Seattle (City), King (County), Washington (State).
4. My/Our relationship to the decedent is as follows: Surviving Spouse
5. I am/ We are the rightful heirs to the property described herein.
6.  Decedent left no last Will; or  Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as:

Detailed Legal:

Lot 26, "AMENDED PLAT OF MOUNTAIN VIEW ESTATES," as per plat recorded in Volume 14 of Plats, page 198, records of Skagit County, Washington.

Situate in the City of Sedro-Woolley, County of Skagit, State of Washington.

Tax ID Number: 4539-000-026-0004; P90637

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.

9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
Eleanor J. Hull	84	Spouse
Eric Hull	61	Son
Stephen M. Huff	60	Son
Timothy H. Hull	59	Son
Mahlon B Huff	57	Son
Charlene Dillon	55	Daughter
John M. Hull	52	Son
Pamela R. Jackson	45	Daughter

DATED this 18 day of September, 2019

Eleanor J. Hull  
Eleanor J. Hull

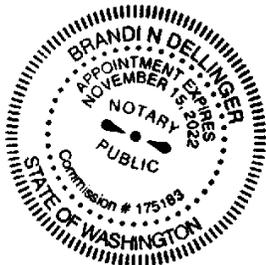
Address: 803 Sauk Mountain Drive  
Sedro-Woolley, WA 98284

STATE OF Washington ;  
COUNTY OF Skagit ; SS:

I certify that I know or have satisfactory evidence that **Eleanor J. Hull** is the person(s) who appeared before me, and said person(s) acknowledged that **she** signed this instrument and acknowledged it to be **her** free and voluntary act for the uses and purposes mentioned in this instrument.

DATED: Sept. 18, 2019

[Signature]  
Brandi N. Dellinger  
Notary Public in and for the State of Washington  
Residing at Sedro-Woolley  
My appointment expires: Nov. 15, 2022



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **3090** Washington State Certificate of Death State File Number **8 46323**

*Handwritten:* 27-31-08  
27-31-08

1. Legal Name (include ACA's if any) First Middle LAST <b>Daniel L. HULL</b>		2. Death Date <b>03/14/08</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>74</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Birthdate	6a. Birthplace (City, Town, or County) <b>Marion Ohio</b>	6b. (State or Foreign Country)	6c. Decedent's Education <b>Bachelor's Degree</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>		11. Decedent's Race(s) <b>Caucasian</b>	
12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>		13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>803 Sauk Mountain Dr.</b>	
13b. City or Town <b>Sedro-Woolley</b>		13c. Residence: County <b>Skagit</b>	
13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	
13f. Zip Code + 4 <b>98284</b>		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: <b>4 years</b>		15. Marital Status at Time of Death <b>Married</b>	
16. Surviving Spouse's Name (Give name prior to first marriage) <b>Eleanor Nelson</b>		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) <b>Pastor Ministries</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Vaughan H. Hull</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Georgeanna</b>	
21. Informant's Name <b>Eleanor Hull</b>		22. Relationship to Decedent <b>Wife</b>	
23. Mailing Address: Number and Street or RFD No City or Town State Zip <b>803 Sauk Mountain Dr. Sedro-Woolley, WA 98284</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b> Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location) <b>Harborview Medical Center</b>		26a. City, Town, or Location of Death <b>Seattle</b>	
26b. State <b>WA</b>		27. Zip Code <b>98104</b>	
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Clear Lake Cemetery</b>	
30. Location-City/Town, and State <b>Clear Lake, Washington</b>		31. Name and Complete Address of Funeral Facility <b>Lemley Chapel, Inc. 1008 Third St., Sedro-Woolley, WA 98284</b>	
32. Date of Disposition <b>March 21, 2008</b>		33. Funeral Director Signature <i>[Signature]</i>	
34. Cause of Death (See instructions and examples) 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) → <b>a. Sepsis of unknown etiology</b> Interval between Onset & Death Due to (or as a consequence of): 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>b. Status post skull fracture, subdural hematoma and cerebral contusion</b> Interval between Onset & Death Due to (or as a consequence of): <b>c. Blunt force injury of head</b> Interval between Onset & Death Due to (or as a consequence of): <b>d.</b> Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Clopidogrel and aspirin therapy for the treatment of atherosclerotic cardiovascular disease, diabetes mellitus</b>			
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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <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	
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. Date of Injury (mm/dd/yyyy) <b>03/02/08</b>	
42. Hour of Injury (24hrs) <b>1800 h</b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Residence</b>	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: <b>803 Sauk Mountain Drive</b> Apt. No. City or Town: <b>Sedro Woolley</b> County: <b>Skagit</b> State: <b>WA</b> Zip Code + 4: <b>98284</b>	
46. Describe how injury occurred <b>Ground level fall</b>			
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 <b>X</b>	
48b. Medical Examiner/Coroner-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated <b>X</b>		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Aldo Fusaro, D.O. 325 9th AVE Seattle WA 98104</b>	
50. Hour of Death (24hrs) <b>2007 h</b>		51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)	
52. Date Signed (mm/dd/yyyy) <b>03/17/08</b>		53. Title of Certifier <b>Associate Medical Examiner</b>	
54. License Number		55. ME/Coroner File Number <b>08-0463</b>	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature <i>Jan Nakagawa</i>	
58. Date Received (mm/dd/yyyy) <b>MAR 20 2008</b>		59. Amendments	

Part 1 completed by Funeral Director

Part 2 completed by Certifier



# Affidavit for Correction

09/18/2019 04:52 PM Page 4 of 4  
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:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Birth 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: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

16b. Signature of 2nd parent (if required): \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

### 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 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  
SEP 12 2019



0 3 3 1 8 7 4 9

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