

After recording, return to:
Martha A. Wallman
1008 Shuler Avenue
Burlington, WA 98233

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Marilyn Martich
Affidavit No. 2019-4182
Date 09/26/2019

CHICAGO TITLE
620039840

Grantor (Name of Decedent): Solomon Wallman
Grantee (Heirs): Martha A. Wallman
Abbreviated Legal Description: TR. 23, Umbarger Tracts
Tax Parcel No.(s): P72862 / 4095-000-023-0001

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF Skagit

The undersigned, Martha A. Wallman, executes this affidavit relating to the estate of Solomon Wallman (herein "Decedent"), who died on May 27, 2019 in the County of Skagit, State of WA, then being a resident of the City of Burlington, County of Skagit, State of WA.
(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child of the Decedent
☐ One (1) 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

- Name and relationship: MARLENE C. WALTON, spouse

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

☒ The decedent left no Will that devises real property.

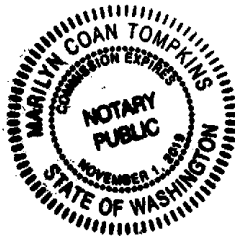
Michael Warner
Signature

9-21-19
Date

Print Name Martha A. Walker

County of Skagit

Signed and sworn to (or affirmed) before me on September 22, 2019 by Martha Wallman (name of person making statement).



Name: Marilyn Lynn Tompkins
Notary Public in and for the State of Washington,
Residing at: 2440 Carpenter St
My appointment expires: INT Nelson
4/10/2019

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P72862 / 4095-000-023-0001

LOT 23, UMBARGER TRACTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 9 OF PLATS,
PAGES 107 AND 108, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-023856

DATE ISSUED: 05/30/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SOLOMON

LAST NAME(S): WALLMAN

AKA: SOLOMON WOLLMAN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 27, 2019

HOUR OF DEATH: 12:28 PM

SEX: MALE

AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MILLER, SD

MARITAL STATUS: MARRIED

SPOUSE: MARTHA GRIMM

OCCUPATION: BOAT BUILDER

INDUSTRY: BOAT MANUFACTURING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: MARTHA WALLMAN

RELATIONSHIP: WIFE

ADDRESS: 1008 SHULER AVENUE, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: DISSEMINATED INTRAVASCULAR COAGULATION

INTERVAL: 1 DAY

B: NEUROGENIC FEVER

INTERVAL: 3 DAYS

C: ALCOHOL WITHDRAWAL

INTERVAL: 5 DAYS

D: ALCOHOL DEPENDENCE

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CIRCULATORY SHOCK ACUTE
RESPIRATORY FAILURE WITH HYPOXIA CARDIO-PULMONARY RESUSCITATION
FIB FRACTURES

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

AKA:

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1008 SHULER AVENUE

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER/PARENT: JOHN WALDNER

MOTHER/PARENT: ANNIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MAY 29, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: RICK B. LEMLEY

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JEFFREY W. MILLER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: MAY 29, 2019

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NJA

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: MAY 29, 2019



Affidavit for Correction

09/26/2019 02:37 PM Page 5 of 5
 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

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

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

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: _____

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 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

- 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

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

- 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.
- 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 October 2015

CERTIFIED

MAY 30 2019

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

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



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