

**Return Address:**

Laurie Black  
104 Jacobs Road  
Coupeville, WA 98239



**201909300259**

09/30/2019 03:38 PM Pages: 1 of 5 Fees: \$107.50  
Skagit County Auditor

Order Number: 01-174128-OE ✓

State of Washington

County of Skagit

*Lead Title and Escrow*

**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared LAURIE BLACK, 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: JOSEPH EDWIN BLACK
3. The decedent died on September 20<sup>th</sup>, 2019 (date) at Coupeville (City), Island (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  X  Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal:

**Lot B-45, Lake Tyee, Div. III.**

Tax ID Number: 4357-002-045-0004, P79930

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	
Laurie L Black	58	wife	

Full Name	Age	Relationship
Phil Black	58	son
Kellie Black	57	daughter
Joey Black	56	son
Bobby Black	55	son
Audrey meek	33	daughter
Cory Black	30	son

DATED this 30 day of September, 2019.

Laurie L Black  
Laurie Black

104 Jacobs Rd  
Coupeville, WA 98239  
Address

State of: Washington

County of: Skagit

I certify that I know or have satisfactory evidence that Laurie Black is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: Sept 30 2019 [Signature]  
Signature

Notary Public  
Title

My appointment expires: Nov. 15, 2022



Seal or Stamp

**Exhibit A**

Lot B-45, "LAKE TYEE DIVISION NO. III," as per plat recorded in Volume 11 of Plats, pages 68 through 74, inclusive, 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: 2019-041666

LOCAL FILE NUMBER: 381-19

DATE ISSUED: 09/24/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOSEPH EDWIN  
LAST NAME(S): BLACK

COUNTY OF DEATH: ISLAND  
DATE OF DEATH: SEPTEMBER 20, 2019  
HOUR OF DEATH: 12:07 PM  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: COUPEVILLE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: LAURIE MCFARLANE

OCCUPATION: CONSTRUCTION SUPERVISOR  
INDUSTRY: CITY GOVERNMENT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: LAURIE BLACK  
RELATIONSHIP: SPOUSE  
ADDRESS: 104 JACOBS ROAD, COUPEVILLE, WA 98239

CAUSE OF DEATH:  
A: CARDIAC ARREST  
INTERVAL: IMMEDIATE  
B: END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 104 JACOBS ROAD  
CITY, STATE, ZIP: COUPEVILLE, WASHINGTON 98239

RESIDENCE STREET: 104 JACOBS ROAD  
CITY, STATE, ZIP: COUPEVILLE, WA 98239  
INSIDE CITY LIMITS: NO COUNTY: ISLAND  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER/PARENT: ARTHUR E BLACK  
MOTHER/PARENT: ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

CITY, STATE: OAK HARBOR, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 24, 2019

FUNERAL FACILITY: WALLIN FUNERAL HOME & CREMATION OAK HARBOR, LLC  
ADDRESS: 1811 NE 16TH AVE #A  
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277  
FUNERAL DIRECTOR: JEROME BARBER

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CHRISTOPHER BIBBY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 4410 106TH ST SW  
CITY, STATE, ZIP: MUKILTEO, WA 98275  
DATE SIGNED: SEPTEMBER 23, 2019

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

LOCAL DEPUTY REGISTRAR: BARBARA COPE  
DATE RECEIVED: SEPTEMBER 24, 2019



Affidavit for Correction

09/30/2019 03:38 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

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 Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, Relationship to Person on Record.

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:

Table with 2 columns: The record now shows, The true fact is. Rows 8-15.

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

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



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

\*CERTIFIED\*

SEP 24 2019

Chris Spitters, MD/MPH, Health Officer
Island County Public Health



0 3 2 2 2 1 2 3