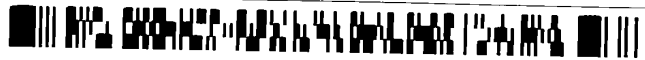


Return Address:



201910110080

10/11/2019 11:48 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Karen Kovacs, 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 wife
Relationship to decedent
of Louis Kovacs, who died on April 5, 2014
Decedent/Grantor Date
at Bellingham Whatcom WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

See Attachments.
P67517
Portion of L 1 AA and SL
moody tract
P67519

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20194437
OCT 11 2019

Amount Paid \$
Skagit Co. Treasurer
By HJB Deputy

Assessor's Property Tax Parcel/Account Number: P67519 + P67517
(Attach full legal description of the property)

☐ 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 _____)

Full name, age, relationship, address

Karen Kovacs wife 4395 Castle Rock DR
75 Blaine WA 98230

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

P67519

A A & S L MOODY TRS, ACRES 0.25, THE NORTH 1/2 OF THE FOLLOWING TRACT: THAT PORTION OF LOT 1, LYING NORTH OF A LINE 200 FEET SOUTH OF AND PARALLEL WITH THE NORTH LINE OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., EXCEPT THAT PORTION, IF ANY, LYING WITHIN THE STATE HIGHWAY RIGHT-OF-WAY, (OLD HIGHWAY 99). ALSO TOGETHER WITH THAT CERTAIN 20 FOOT STRIP OF LAND REFERRED TO AS 'PRIVATE ROAD' IN THE DEDICATION AND SHOWN ON THE FACE OF 'A.A. & S.L. MOODY TRACTS, LYING NORTHERLY OF LOT 1 IN SAID PLAT, EXCEPT THAT PORTION, IF ANY, LYING WITHIN THE STATE HIGHWAY RIGHT OF WAY, (OLD HIGHWAY 99). ALSO EXCEPT THAT PORTION THEREOF LYING EASTERLY OF A LINE DRAWN SOUTHERLY PARALLEL WITH THE EASTERLY LINE OF THE STATE HIGHWAY FROM A POINT ON THE NORTH LINE OF SAID TRACT WHICH IS 200 FEET EAST OF ITS INTERSECTION WITH SAID EASTERLY LINE OF THE STATE HIGHWAY. SURVEY

P67517

TAX 1B: THE SOUTH HALF OF THE FOLLOWING DESCRIBED TRACT: THAT PORTION OF LOT 1, 'A.A. & S.L. MOODY TRACT, SKAGIT CO., WASH.', AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 90, RECORDS OF SKAGIT COUNTY, WASHINGTON, LYING NORTH OF A LINE 200 FEET SOUTH OF AND PARALLEL WITH THE NORTH LINE OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., EXCEPT THAT PORTION, IF ANY, LYING WITHIN THE STATE HIGHWAY RIGHT-OF-WAY (OLD HIGHWAY 99); AND EXCEPT FROM THE ABOVE DESCRIBED TRACT, THAT PORTION THEREOF LYING EASTERLY OF A LINE DRAWN SOUTHERLY PARALLEL WITH THE EASTERLY LINE OF THE STATE HIGHWAY FROM A POINT ON THE NORTH LINE OF SAID TRACT WHICH IS 200 FEET EAST OF ITS INTERSECTION WITH SAID EASTERLY LINE OF STATE HIGHWAY. SURVEY AF#200609220187

PARCEL B: P67519

The North Half of the following described tract:

That portion of Lot 1, A.A. & S.L. MOODY TRACT, according to the plat thereof recorded in Volume 3 of Plats, page 90, records of Skagit County, Washington, lying North of a line 200 feet South of and parallel with the North line of Section 7, Township 35 North, Range 4 East of the Willamette Meridian;

EXCEPT that portion, if any, lying within the State Highway right-of-way, (Old Highway 99).

Situated in Skagit County, Washington.

PARCEL C: P67519

That certain 20 foot strip of land referred to as "private road" in the dedication and shown on the face of A.A. & S.L. MOODY TRACT, according to the plat thereof recorded in Volume 3 of Plats, page 90, records of Skagit County, Washington, lying Northerly of Lot 1 in said plat;

EXCEPT that portion, if any, lying within the State Highway right-of-way, (Old Highway 99);

AND EXCEPT from the above described Parcels B and C, that portion thereof lying Easterly of a line drawn Southerly parallel with the Easterly line of the State Highway from a point on the North line of said tract which is 200 feet East of its intersection with said Easterly line of the State Highway.

Situated in Skagit County, Washington.

PARCEL D: P67517

The South Half of the following described tract:

That portion of Lot 1, A.A. & S.L. MOODY TRACT, according to the plat thereof recorded in Volume 3 of Plats, page 90, records of Skagit County, Washington, lying North of a line 200 feet South of and parallel with the North line of Section 7, Township 35 North, Range 4 East of the Willamette Meridian;

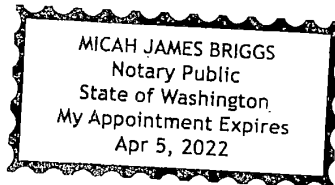
EXCEPT that portion, if any, lying within the State Highway right-of-way, (Old Highway 99).

AND EXCEPT from the above described tract, that portion thereof lying Easterly of a line drawn Southerly parallel with the Easterly line of the State Highway from a point on the North line of said tract which is 200 feet East of its intersection with said Easterly line of the State Highway.

Situated in Skagit County, Washington.

Dated: 10/11/19Affiant's full name Karen KovacsTelephone number 360-~~6~~76-82174395 Castle Rock Dr
Blaine WA 98230
City State Zip CodeKaren J. Kovacs Oct 11 / 2019
Signature DateState of Washington County of WhatcomI know or have satisfactory evidence that Karen J. Kovacs
(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: 10 / 11 / 2019[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: 280 H Street, Blaine WA 98230Notary Public in and for the State of WashingtonMy appointment expires: 04 / 2022

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 430		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any): First, Middle, LAST Louis Kovacs			2. Death Date April 5, 2014		
3. Sex (M/F) Male	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	6. County of Death Whatcom	
8a. Birthplace (City, Town, or County) Heves		8b. (State or Foreign Country) Hungary		9. Decedent's Education Associate degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 206 Hawthorne Road			13b. City or Town Bellingham		
13c. Residence: County Whatcom		13d. Tribal Reservation Name (if applicable) -	13e. State or Foreign Country Washington	13f. Zip Code + 4 98225	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 40 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Karen Joanne Bronkema	
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) Owner/Operator Restaurant					
19. Father's Name (First, Middle, Last, Suffix) Bela Kovacs			20. Mother's Name (First, Middle, Last) Maria		
21. Informant's Name Karen J. Kovacs		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 206 Hawthorne Road Bellingham WA 98225	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			25. Place of Death, if Death Occurred Somewhere Other than a Hospital: N/A		
25. Facility Name (if not a facility, give number & street or location) PeaceHealth St. Joseph Medical Center			26a. City, Town, or Location of Death Bellingham		26b. State WA
27. Zip Code 98225		28. Method of Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, Washington			
31. Name and Complete Address of Funeral Facility Sig's Funeral Services, 809 W. Orchard Dr., Ste. 5, Bellingham, WA 98225			32. Date of Disposition April 8, 2014		
33. Funeral Director Signature X Sigurd O. Aase Sigurd O. Aase					
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. Congestive Heart Failure Interval between Onset & Death 1 yr, 4 mos 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. Coronary Artery Disease Interval between Onset & Death 1 yr, 4 mos Due to (or as a consequence of): 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			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 checked="" 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) N/A	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: -			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 your knowledge and belief, state, date, and place where the cause(s) and manner of death occurred. John F. MacGregor, MD			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. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) John F. MacGregor, MD, 2979 Squaleum Pkwy #101, Bellingham, WA 98225			50. Hour of Death (24hrs) 0738		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) -			52. Date Signed (mm/dd/yyyy) 4-7-2014		
53. Title of Certifier Medical Doctor		54. License Number MD00046548		55. ME/Coroner File Number -	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature Gary Shaw AD			58. Date Received (mm/dd/yyyy) APR 08, 2014		
59. Amendments -					



DOHCHS 003 March 2012

DOH 01-003 (1/13)



Affidavit for Correction

Center for Health Statistics
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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Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: First Middle Last 2. Date of Event: 3. Place of Event: City or County

4. Father/Parent Full Birth Name (For Birth) (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (For Birth) (Spouse B for Marriage or Dissolution)

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant Telephone Number:
☐ Funeral Director ☐ Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
	Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
	Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
	Passport	Hospital/Medical Record	

Birth Certificates:

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the 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 someone other than the informant listed on the certificate. 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

WHATCOM COUNTY
HEALTH DEPARTMENT
DO NOT DESTROY

DOH 422-034 August 2013

APR -9 2014

GREG STERN MD
GREG STERN, M.D.
HEALTH OFFICER

ZZ00209581