

Return Address:

Land Title & Escrow
3010 Commercial Ave
Anacortes, WA 98221

Land Title and Escrow
02-173788-OE

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Christine Terry, 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

of Michael L. Terry, who died on 2/11/2014
Decedent/Grantor Relationship to decedent Date

at Anacortes, Skagit, WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

See attached exhibit "A."

Lot 70, Horizon Heights Div. No. IV.

Assessor's Property Tax Parcel/Account Number: 4676-000-070-0000,
(Attach full legal description of the property) P108762

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 _____)

Aaron Cervantes, son, 46

Anacortes, WA 98221

Full name, age, relationship, address

Jennifer Stone, daughter, 48

Anacortes, WA 98221

Full name, age, relationship, address

Christine Terry, spouse

Anacortes, WA

Full name, age, relationship, address

Dated: Oct. 14, 2019

Christine Terry
Affiant's full name

360-630-1846
Telephone number

4322 Tyler Way

Anacortes WA 98221
City State Zip Code

Christine Terry 10-14-19
Signature Date

State of WA County of Skagit

I know or have satisfactory evidence that Christine Terry
(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: 10/14/2019 [Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Oak Harbor

Notary Public in and for the State of WA

My appointment expires: 7/16/2021



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-005172

DATE ISSUED: 02/14/2014

FEE NUMBER: 000000029

GIVEN NAMES: MICHAEL LEIGH
LAST NAME: TERRY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 11, 2014
HOUR OF DEATH: 10:55 A.M.
SEX: MALE
AGE: 57 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SOCIAL SECURITY NUMBER:

RESIDENCE STREET: 3409 F AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTHDATE:
BIRTHPLACE: LONG BEACH, CALIFORNIA

FATHER: LEON HARVEY TERRY
MOTHER: GLADYS

MARITAL STATUS: MARRIED
SPOUSE: CHRISTINE SHORT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: FEBRUARY 14, 2014

OCCUPATION: TECHNICIAN
INDUSTRY: WATER ENVIRONMENT CONTROL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JAMES C. HADDON

INFORMANT: CHRISTINE TERRY
RELATIONSHIP: WIFE
ADDRESS: 3409 F AVENUE, ANACORTES, WA 98221

CAUSE OF DEATH:

- A. CARDIAC ARREST
INTERVAL: IMMEDIATE
- B. RESPIRATORY FAILURE
INTERVAL: 3 WEEKS
- C. METASTATIC RENAL CANCER
INTERVAL: 5 MONTHS
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: ROB RIEGER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2511 M AVENUE, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: FEBRUARY 13, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO MC/CORONER: NO
FILE NUMBER: NJA 096
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
MEI PEDROSA
DATE RECEIVED: FEBRUARY 13, 2014





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: _____

Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

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

4. Father/Parent Full Birth Name: _____ 5. Mother/Parent Full Birth Name: _____

The record is incorrect or incomplete as follows:

6. The record now shows: _____ 7. The true fact is: _____
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	Num Ident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
	Civil Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
	Military Record (DD-214)	Life Insurance Policy	Airline 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) or 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.
 - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)
- 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.

- 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.

CERTIFIED

FEB 14 2014

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

ZZ00024652

Escrow No.: 02-170839-OE

EXHIBIT "A"

LEGAL DESCRIPTION

Lots 4 to 8, inclusive, Block 202; Lots 1 to 8, inclusive, Block 203; Lots 1 to 10, inclusive, Block 204; and Lots 1 to 10, inclusive, Block 205; all in "NORTHERN PACIFIC ADDITION TO ANACORTES," as per plat recorded in Volume 2 of Plats, page 9, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.