

**Return Address:**

Linda Vanderpool

24153 Walker Valley Rd

Mt. Vernon, WA 98274

Land Title and Escrow

01-174381-OE

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant grantee Doyle J Bough, 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 Spouse

of Margaret B Bough

Relationship to decedent

, who died on 11/19/18

Decedent Grantor

Date

at Mt. Vernon

Skagit

WA

City

County

State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Tract "P" of that certain Record of Survey entitled "MONTBORNE HEIGHTS" (Revised), recorded August 18, 1993 in Book 14 of Surveys, pages 165 and 166, under Auditor's File No. 9308180056 and being a portion of Lots 1 through 17, inclusive, Block 23; all of Block 24; Lots 1 through 11, inclusive, Block 25; Lots 1 through 18, inclusive Block 26, all of Block 27, all in "PLAT OF THE TOWN MONTBORNE, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 2 of Plats, page 80, records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: 4135-023-017-0102, P103855  
 (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 3)

Doyle Bough, 56, Son, 18703 Hwy 9

Mt. Vernon, WA 98274

*Full name, age, relationship, address*

Linda B Vanderpool, 55, Daughter, 24153 Walker Valley Rd.

Mt. Vernon, WA 98274

*Full name, age, relationship, address*

Kevin C Bough, 50, Son, 22906 Mud Lake Rd.

Mt. Vernon, WA 98273

*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*

Dated : 9-26-19Doyle J Bough

Affiant's full name

360-840-8466

Telephone number

24153 Walker Valley RdMt. Vernon

City

Street

WA

State

98274

Zip Code

Doyle J Bough

Signature

9-26-19

Date

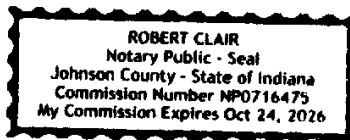
State of Indiana County of MarionI know or have satisfactory evidence that Doyle J Bough

(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: 09 26 2019Robert Clair

Signature of Notary Public

(SEAL OR  
STAMP)Residing at: Marion CountyNotary Public in and for the State of IndianaMy appointment expires: Oct. 24, 2024

**EXHIBIT A****PARCEL "A":**

Tract "P" of that certain Record of Survey entitled, "MONTBORNE HEIGHTS," (Revised), recorded August 18, 1993 in Book 14 of Surveys, pages 165 and 166, under Auditor's File No. 9308180056 and being a portion of Lots 1 through 17, inclusive, Block 23; all of Block 24; Lots 1 through 11, inclusive, Block 25; Lots 1 through 18, inclusive, Block 26, all of Block 27, all in "PLAT OF THE TOWN OF MONTBORNE, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, page 80, records of Skagit County, Washington.

TOGETHER WITH those portions of vacated street and alley adjacent to said lots and blocks which have reverted to said premises by operation of law.

Situate in the County of Skagit, State of Washington.

**PARCEL "B":**

A non-exclusive easement for ingress and egress over those portions of Tracts "Q" through "U" delineated as "Private Road Easement" on the face of survey entitled, "MONTBORNE HEIGHTS," (Revised), recorded August 18, 1993 in Book 14 of Surveys, pages 165 and 166, under Auditor's File No. 9308180056 and being a portion of Lots 1 through 17, inclusive, Block 23; all of Block 24; Lots 1 through 11, inclusive, Block 25; Lots 1 through 18, inclusive, Block 26, all of Block 27, all in "PLAT OF THE TOWN OF MONTBORNE, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, page 80, records of Skagit County, Washington.

EXCEPTING THEREFROM those portions lying within the main tract above described.

Situate in the County of Skagit, State of Washington.

**PARCEL "C":**

A non-exclusive easement for utilities, over and across the Northeasterly 10 feet of Lots "S" and "T", and over a 10 foot strip crossing Lot "T", and over the Southwesterly 20 feet of Lot "O", all as shown on the face of Survey entitled "MONTBORNE HEIGHTS," (Revised), recorded August 18, 1993 in Book 14 of Surveys, pages 165 and 166, under Auditor's File No. 9308180056 and being a portion of Lots 1 through 17, inclusive, Block 23; all of Block 24; Lots 1 through 11, inclusive, Block 25; Lots 1 through 18, inclusive, Block 26, all of Block 27, all in "PLAT OF THE TOWN OF MONTBORNE, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, page 80, 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: 2018-050654

DATE ISSUED: 11/26/2018  
FEE NUMBER: 37FIRST AND MIDDLE NAME(S): MARGARET BERNICE  
LAST NAME(S): BOUGHCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 19, 2018  
HOUR OF DEATH: 04:17 AM  
SEX: FEMALE AGE: 77 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE:  
BIRTHPLACE: BURLINGTON, WAMARITAL STATUS: MARRIED  
SPOUSE: DOYLE J BOUGHOCCUPATION: KEYPUNCH TECHNICIAN  
INDUSTRY: AEROSPACE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: DOYLE BOUGH  
RELATIONSHIP: SPOUSE  
ADDRESS: 24153 WALKER VALLEY ROAD, MOUNT VERNON, WA 98274CAUSE OF DEATH:  
A: HYPOXIC RESPIRATORY FAILURE  
INTERVAL: DAYS  
B: SUBDURAL HEMATOMA AND SUBARACHNOID BLEED  
INTERVAL: DAYS  
C: BLUNT HEAD TRAUMA FROM GROUND LEVEL FALL  
INTERVAL: DAYS  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE ALZHEIMER'S  
DEMENTIA, MULTIPLE FALLSDATE OF INJURY: NOVEMBER 12, 2018  
HOUR OF INJURY: 09:45 AM  
INJURY AT WORK: NO  
PLACE OF INJURY: ROADSIDE

LOCATION OF INJURY: UNKNOWN

CITY, STATE, ZIP: UNKNOWN  
COUNTY:DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL  
WHILE TRAVELING IN MOTOR HOME

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

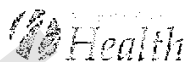
PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 24153 WALKER VALLEY ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 19 YEARSFATHER/PARENT: RAYMOND PETERSON  
MOTHER/PARENT: MILDRED IMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUMCITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: NOVEMBER 24, 2018

FUNERAL FACILITY: WHATCOM CREMATION &amp; FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: TIM D. POWELLMANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: NOVEMBER 21, 2018CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 18SK0356  
ATTENDING PHYSICIAN: RYAN TRINH, MDLOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: NOVEMBER 21, 2018

## Affidavit for Correction

10/22/2019 10:41 AM Page 6 of 6



This is a legal document. Complete in ink and do not alter.

Washington State Department of Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## 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 foregoing is true and correct**

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

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

**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**

- 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

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 Greg Stern, Health Officer.

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



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