



201911010068

11/01/2019 10:52 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20194820
NOV 01 2019

Amount Paid \$ 0
Skagit Co. Treasurer
By HB Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Charles Messer, 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 Husband
Relationship to decedent

of Donna M. Messer, who died on 1/23/2010
Decedent/Grantor Date

at Mt. Vernon Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 904 McFarigle Rd Sedro-Woolley
Parcel # P76361 WA 98284

Cascade Vista Park Lot 1

Assessor's Property Tax Parcel/Account Number: Parcel # P76361
(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 _____)

Charles D Messer age 69 4/25/1950
Husband, 904 McFarigle Rd Sedro-Walkley
WA 98284
Full name, age, relationship, address

Dated: 11-1-2019

Charles D. Messer
Affiant's full name

360-856-0497
Telephone number

904 Mcgrath Rd.
Street

sedno woolley WA 98284
City State Zip Code

Charles D. Messer 11-1-2019
Signature Date

State of Washington County of Skaagit

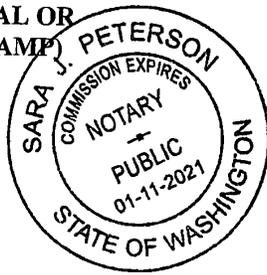
I know or have satisfactory evidence that Charles D. Messer
(name of person)

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: 11 / 1 / 2019

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: 300 Ferry St Sedno-Woolley

Notary Public in and for the State of WA

My appointment expires: 1/11/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-003070

DATE ISSUED: 01/26/2016

FEE NUMBER: 000000029

GIVEN NAMES: DONNA MARIA
LAST NAME: MESSER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 23, 2016
HOUR OF DEATH: 04:53 A.M.
SEX: FEMALE
AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: RICHLAND, BENTON CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: CHARLES D. MESSER

OCCUPATION: HAIR DRESSER
INDUSTRY: COSMETOLOGY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: CHARLES D. MESSER
RELATIONSHIP: SPOUSE
ADDRESS: 904 MCGARIGLE ROAD, SEDRO WOOLLEY, WA 98284

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 904 MCGARIGLE RD.
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: JAMES CARLOS MILLS
MOTHER/PARENT: NETTIE LE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM
CITY, STATE: BLAINE, WA
DISPOSITION DATE: JANUARY 29, 2016

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM WA 98226
FUNERAL DIRECTOR: TIM D. POWELL

- CAUSE OF DEATH:
- A. ACUTE ON CHRONIC HYPOXIC HYPERCAPNIC RESPIRATORY FAILURE
INTERVAL: 10 DAYS
 - B. ACUTE HEALTH CARE ASSOCIATED BILATERAL PNEUMONIA
INTERVAL: 10 DAYS
 - C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DIABETES MELLITUS TYPE 2

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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

CERTIFIER NAME: ONDER ORGUL, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: JANUARY 25, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JANUARY 26, 2016

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





Affidavit for Correction

11/01/2019 10:52 AM Page 5 of 5
 Washington State Department of 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
-------------------	------------	----------	------	------------------

Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 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

- 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.
- 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

CERTIFIED

JAN 26 2016

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

DOH 422-034 January 2015

DD00352182