

Return Address:

Land Title Escrow
3010 Commercial Ave
Anacortes, WA 98221
02-174651-DE

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Marjorie R. Jensen, 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
Relationship to decedent
 of Walter F. Jensen, who died on MARCH 26, 2019
Decedent/Grantor Date
 at SEATTLE, King, WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 71, "Skyline No. 4," as per plat recorded in
 Volume 9 of Plats, pages 61 and 62, records of
 Skagit County, Washington.
 Situate in the City of Anacortes, County of
 Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: 3802-000-071-0006/
 (Attach full legal description of the property) P59286

☐ 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 4)

mark Jensen, 53, son
Bothell, WA

Full name, age, relationship, address

Matthew Jensen, 50, son
Anacortes WA

Full name, age, relationship, address

Eric Jensen, 24, grandson
Fort Collins, CO

Full name, age, relationship, address

Scott Jensen, 22, grandson
Seattle, WA

Full name, age, relationship, address

Marion R. Jensen (m. R. Pat Jensen), spouse
Anacortes, WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 11-22-2019Marjorie R. Jensen (m.r. Pat Jensen)

Affiant's full name

Telephone number

4503 KingwayAnacortes, wa

Street

98221

City

State

Zip Code

m. r. pat jensen

Signature

11-22-2019

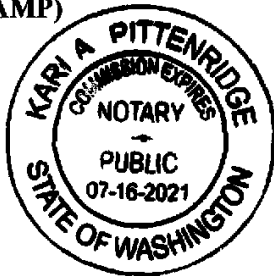
Date

State of waCounty of Skagit

I know or have satisfactory evidence that

Marjorie R. Jensen(m.r. Pat Jensen)

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: 11/22/2019(SEAL OR
STAMP)Residing at: Oak HarborNotary Public in and for the State of waMy appointment expires: 7/16/2021

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-014505

DATE ISSUED: 11/26/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WALTER ELWOOD
LAST NAME(S): JENSEN

COUNTY OF DEATH: KING
DATE OF DEATH: MARCH 26, 2019
HOUR OF DEATH: 04:30 PM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER

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

BIRTH DATE:
BIRTHPLACE: WHIDBEY ISLAND, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARJORIE RAE WERNER

OCCUPATION: SALES
INDUSTRY: PACKAGING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: MARJORIE RAE JENSEN
RELATIONSHIP: SPOUSE
ADDRESS: 4503 KINGSWAY, ANACORTES, WA 98221

CAUSE OF DEATH:
A: SEPTIC SHOCK
INTERVAL: DAYS
B: CHOLANGITIS
INTERVAL: DAYS
C: LIKELY PANCREATIC CANCER
INTERVAL: WEEKS TO MONTHS
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: HOSPITAL
FACILITY OR ADDRESS: VIRGINIA MASON HOSPITAL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101

RESIDENCE STREET: 4503 KINGSWAY
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: JACOB SEVERIN JENSEN
MOTHER: CASTLEMAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PUGET SOUND CREMATORY

CITY, STATE: PUYALLUP, WASHINGTON
DISPOSITION DATE: APRIL 01, 2019

FUNERAL FACILITY: CREMATION SOCIETY OF WASHINGTON

ADDRESS: PO BOX 7506
CITY, STATE, ZIP: TACOMA, WASHINGTON 98417
FUNERAL DIRECTOR: TIMOTHY GRANT

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

CERTIFIER NAME: SHANNON PHILANDER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1100 9TH AVENUE
CITY, STATE, ZIP: SEATTLE, WA 98101
DATE SIGNED: MARCH 26, 2019

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: APRIL 01, 2019



Affidavit for Correction

11/27/2019 02:28 PM Page 5 of 5

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

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	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:	
	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 foregoing is true and correct

16a. Signature:	16b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	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 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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
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- *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

DOH 422-034 January 2015

CERTIFIED

NOV 26 2019

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


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