



202001100103

01/10/2020 02:08 PM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

AFTER RECORDING MAIL TO:

Name Leonard Johnson
Address 2300 30th St.
City / State Anacortes, Wa 98221

Document Title(s): (or transactions contained therein)

1. Letter Testamentary
- 2.
- 3.
- 4.



Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Zaerb, Ronald H.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Johnson, Leonard
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

E 1/2 Lot 13 and all lots 11 and 12, Block 2, Kellogg
& Ford's Addn to Anacortes

☐ Complete legal description is on page _____ of document

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

P57687

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY**FILED**Skagit County Clerk
Skagit County, WA
12/31/19**Estate of RONALD H ZOERB:**

No. 19-4-00392-29

LETTERS TESTAMENTARY

I. BASIS

- 1.1 The last will of RONALD H ZOERB late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on December 03, 2019.
- 1.2 In that will LEONARD JOHNSON is named personal representative.
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT LEONARD JOHNSON is authorized by this court to execute the will of the above decedent according to law.

DATED on this the 31st day of December, 2019.

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT
Linda Petrzelka, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON

ss

COUNTY OF SKAGIT

I, MELISSA BEATON, COUNTY CLERK of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case, which was entered of record on December 03, 2019.

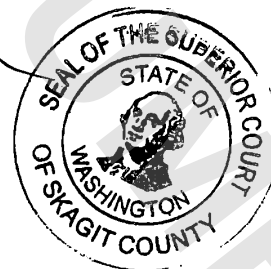
I further certify that these letters are now in full force and effect.

DATED: December 31, 2019

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT

BY

Deputy Clerk



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-053394

DATE ISSUED: 12/09/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RONALD HILARY

LAST NAME(S): ZOERB

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: DECEMBER 01, 2019

HOUR OF DEATH: 01:00 AM

SEX: MALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ELLENSBURG, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: FISHERMAN

INDUSTRY: COMMERCIAL FISHING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: KEVIN ZOERB

RELATIONSHIP: SON

ADDRESS: 703 FISHERMAN BAY ROAD, LOPEZ ISLAND, WA, 98261

CAUSE OF DEATH:

A: HYPERKALEMIA

INTERVAL: 11/30/19-12/01/19

B: ACUTE RENAL FAILURE

INTERVAL: 11/30/19-12/01/19

C: NON ST ELEVATION MYOCARDIAL ELEVATION

INTERVAL: 11/30/19-12/01/19

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: PEACEHEALTH ST JOSEPH HOSPITAL

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 2300 30TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: HILARY RYAN ZOERB

MOTHER: ELMA CHRISTIN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: DECEMBER 06, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL

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 RESPONSE

CERTIFIER NAME: VISHAL CHAUDHARY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY

CITY, STATE, ZIP: BELLINGHAM, WA 98225

DATE SIGNED: DECEMBER 04, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ASHLEY GELEYNSE

DATE RECEIVED: DECEMBER 06, 2019



Affidavit for Correction

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

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:
	First Middle Last	MM/DD/YYYY	(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First Middle Last/Maiden	First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital			
	Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. Return Mailing Address:			
	PO Box or Street Address		City	State Zip
	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 2 nd 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

- 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

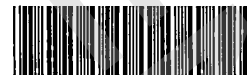
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015


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

CERTIFIED

DEC 09 2019

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


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