

Return Address:

Land Title & Escrow
3010 Commercial Ave
Anacortes, WA 98221

Land Title and Escrow

02-174165-0E

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wanda L. Durfee,
by Richard C. Durfee, PR. 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 Richard A. Durfee, who died on 5/3/2012
Decedent/Grantor Date

at Anacortes, Skagit, WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOT 7, SP AN 92-003, Being Ptn SW 1/4 SE 1/4,
24-35-1 E.W.M.

Assessor's Property Tax Parcel/Account Number: 350124-0-058-0800,
(Attach full legal description of the property) P103544

- 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 _____)

Wanda L. Durfee

6 Spouse, 1707 25th H Ct. Anacortes
Full name, age, relationship, address

Pamela A. Costello

63 daughter
Full name, age, relationship, address

Richard O. Durfee

61 son, 1715 25th H. Ct. Anacortes
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: 3/9/2020
Richard C. Durfee, Personal Rep.

Affiant's full name
360-840-9590

Telephone number
1715 25th H. Court

Anacortes WA 98221
City State Zip Code

[Signature] 3/9/20
Signature Date

State of WA County of _____

I know or have satisfactory evidence that _____
(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: ____/____/____

See attached
Signature of Notary Public

(SEAL OR STAMP)

Residing at: _____

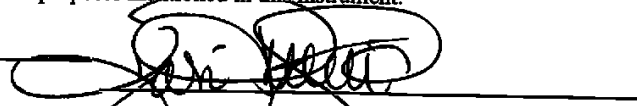
Notary Public in and for the State of _____

My appointment expires: ____/____/____

STATE OF WA
County of Skagit } SS:

I certify that I know or have satisfactory evidence that Richard C. Durfee is the person(s) who appeared before me, and said person(s) acknowledged that signed this instrument, on oath stated he are/is authorized to execute the instrument as Personal Representative of The Estate of Wanda L. Durfee to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: 3/9/2020



Notary Public in and for the State of Washington
Residing at Oak Harbor
My appointment expires: 7/16/2021



UNOFFICIAL DOCUMENT

Escrow No.: **02-174165-OE**

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 7 of Anacortes Short Plat No. AN 92-003, as approved February 12, 1993, and recorded February 12, 1993, in Volume 10 of Short Plats, pages 174 and 175, under Auditor's File No. 9302120125, records of Skagit County, Washington; and Affidavit of Correction recorded January 25, 1994, under Auditor's File No. 9401250104; being a portion of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 24, Township 35 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2012-005158

DATE ISSUED: 03/11/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): RICHARD GORDON
LAST NAME(S): DURFEECOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 03, 2012
HOUR OF DEATH: 05:45 PM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER:PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1707 - 25TH H COURT
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 1707 25TH H CT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARSBIRTH DATE:
BIRTHPLACE: CINCINNATI, OHFATHER: JOHN HENRY GORDON DURFEE
MOTHER: GRACE LUCILLEMARITAL STATUS: MARRIED
SURVIVING SPOUSE: WANDA LOUCILLE MUNKRESMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYOCCUPATION: TRUCK DRIVER
INDUSTRY: FOOD INDUSTRY
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YESCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MAY 08, 2012INFORMANT: WANDA L. DURFEE
RELATIONSHIP: WIFE
ADDRESS: 1707 - 25TH H COURT, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL

ADDRESS: 1105 - 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAMCAUSE OF DEATH:
A: ALZHEIMERS DEMENTIA
INTERVAL: YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BLADDER CANCER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: MARK S. BACKMAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1213 24TH STREET, SUITE 100
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: MAY 05, 2012

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA # 265
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MAY 07, 2012



Affidavit for Correction

202003110115

03/11/2020 03:33 PM Page 7 of 7

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

Washington State Department of Health
P.O. Box 47010
Olympia, WA 98504-7014
360-236-4700

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

Required	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:			

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	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 facts. 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 | Adult (18 years of age or older) |
| <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 parent's 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. | <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. |
- 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 executor/administrator (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 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 422-032 January 2015

CERTIFIED

MAR 11 2020

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

Certificate not valid unless the seal of the State of Washington changes cover when heat applied.



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