State of Washington Department of Revenue Special Programs Division Miscellaneous Tax PO Box 47477 Olympia WA 98504-7477

202003160227

03/16/2020 03:41 PM Pages: 1 of 4 Fees: \$106.50

LACK OF PROBATE AFFIDAVIT

SKAGIT COUNTY WASHINGTON

State of Washington}
} SS.
County of Skagit }

Karen A. Erholm being first duly sworn, deposes and says:

This Affidavit is for the purpose of supplying information relating to the Estate of Gary W. Erholm, deceased, and the interest of the undersigned in the following described real property located in Skagit County, Washington:

A leasehold interest in the following described tract: Lot 286, "REVISED MAP OF SURVEY OF SHELTER BAY DIVISION 2, Tribal and allotted lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington;

Skagit County Property ID P 129692

Address: 286 Soleduck Place, LaConner, WA 98257

The Decedent died on the 7th day of March, 2006 in the City of Anacortes, Skagit County, State of Washington.

The Undersigned Affiant is the surviving spouse of the Decedent.

Said Decedent died intestate (without a will) and without a community property agreement. The above described real property is community real property, to which Affiant is the intestate heir and successor pursuant to RCW 11.04.015(1)(a).

The following list comprises all of the heirs-at-law surviving said Decedent in addition to Affiant:

- ASHLEY GONER, 5714 Meadows Del Mar, San Diego, California 92014
- SHELBY HAMBIDGE, 8641 Northeast Juanita Dr., Kirkland, WA 98034

LACK OF PROBATE AFFIDAVIT 1 | Page COURTNEY ERHOLM, 2660 Jonquil Dr., San Diego, CA 92106

Pate: 3/16/20

Karen A. Erholm, Affiant

Notary's Acknowledgment

I certify that I know or have satisfactory evidence that Karen A. Erholm is the person who appeared before me, and she did acknowledge that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this

instrument.

Dated: March 12, 2020

Thomas Benner Notary Public State of Washington Commission Number 201132 My Commission Expires June 27, 2022 Thomas Benner, Notary Public in and for the State of Washington Residing at: Oak Harbor, Washington My appointment expires: June 27, 2022

Commission number: 201132

STATEMOE WASHWIGTON DEPARTMENT OF MUTALTH

| cal | File Number 407-06 Washington | n State Ce | rtificate of |)eath | State | File Numb | ar . | | : | |
|--|--|----------------------------------|---|--|--------------------------|-----------------|--|---|-----------|--|
| | 1 Legal Name (include AKA's (rany) First Middle | LAST / | | | eath Date | 1 116 110111111 | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | | و کنو درو | |
| ò | Gary %, "William E | RHOLM | | Was Was | 7 20 | 66 | 13 ° | Carlotte Co | · cci | |
| | 3. Sex (M/F) // 4a. Age – Last Birthday 4b. Under 1 Year | 4c. Unde | | 5. Social Secur | y 7, 20 ity Number | | 6. County o | f Death | | |
| | 7. Birthdate Ba. Birthplace (City, Town, or County) | Hours | Minutes | /R Doord | ent's Educa | tion | Skagit | : ``` | | |
| ٠. | Anacortes | Washing | | | | | but no | degree | | |
| | 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. | | ecedent's Race | s) | | | | 12. Was Decedent ever Armed Forces? No | in U.S. | |
| 히 | No 13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. N | lo.) | Caucasi | in_ | | 13b. City o | r Town | No. | | |
| Director | 286 Soleduck Place | | | | | | La Conner | | | |
| | 13c. Residence: County Skagit 13d. Tribal Reservation Name | 13e. State or Fo Washing t | , | | | + 4 | 13g. Inside City Li ☐ Yes 30 No | imits? □ Unk | | |
| ie. | 14. Estimated length of time at residence. 15. Marital Status at Time | ne of Death | 16. Surviving S | ouse's Name (Give | | | e) | | | |
| 짓 | 1y Married 17. Usual Occupation (Indicate type of work done during most of working life | e. (DO NOT USE | | Ann Helm d of Business/Indu | istry (Do not | use Company | Name) | | | |
| ed | Owner/Operator | | | | | | | | | |
| per i | Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriag | | | | | | je (First, Middle, Last) | | | |
| 8 | William Roy Teller Dorothy June 21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip | | | | | | | | | |
| ĭ | Karen Ann Erholm Wife | P | .O. Box : | .580 Death, if Death Occi | | Conne | | WA 98257- | | |
| ď | 24. Place of Death, if Death Occurred in a Hospital: Inpatient | | Place | Death, if Death Occi | илеа затем | tere Other tha | п а ноѕрпан | | | |
| ď | 25. Facility Name (If not a facility, give number & street or location) | | | 26a. City, Town, | | of Death | 26b. State | 27. Zip Code | | |
| | Island Hospital 28. Method of Disposition 29. Place of Final Disposition | sition (Name of | cemetery, cremat | Anacorte | |). Location-C | WA City/Town, ar | 98221 d State | | |
| ĺ | Cremation Northwest Cre | | | ,, o, | | | s, Wash | ington | | |
| | 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. | 1105 32 | nd de la | ngorton Wi | | | 32. Date of | - | | |
| | 33. Funeral Director Signature X | | | | 1 30221 | - | May 11. | , 2006 | | |
| | | | | s and examples) | | | | | | |
| ., | MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury | | nterval between Onset 8 7 dows nterval between Onset 8 18 modularities of the original between Onset 8 | & Death | | | | | | |
| Inhat initiated the events resulting in c. | | | | | | | | nterval between Onset 8 | 3 Death | |
| | d. | a in the under | lvina cause div | an above | 136 V | utonev2 | 37 Were 21 | toney findings qualla | blo to | |
| Certifier | . Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above 36. Aut | | | | | | complete the Cause of Death? | | | |
| ampleted by Ce | 38. Manner of Death | ath | Not pregnant, t Unknown if pre | ut pregnant within ut pregnant 43 day gnant within the pa nt's home, construction | ys to 1 year ast year | before deat | h | | | |
| | 45. Location of Injury: Number & Street: | | | | | 7 | Apt No. | _ | | |
| Par | City or Town: C | County: | | Sta | ate: | 4 | Zip Code+ 4: | | | |
| - | • • | | ء مصل | | | | tation injury, specify: erator | | | |
| - | Witnessed V.Fib arrest, shucked x2, | | | | | assenger | | ner (Specify) | | |
| | 48a. Certifying Physician-To'thibbesedishyskododiggeleddabocometee place indicting the later and the commence state of the commence of | de einebeltre sollet beggebet | examinatioona eandoldudddh | ndlarinvesligglisen in m excease(sik) sadamænee: |) sløtetód. | | | | | |
| | Shawna L. Laursen M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221 | | | | | | | 50. Hour of Death (24hrs) 10:15 AM | | |
| | lame and Title of Attending Physician <u>if</u> other than Certifier (Type or Print) | | | | | | 52. Date Signed (MM/DD/YYYY) 05/08/2006 | | | |
| | 53. Title of Certifier 54. License Number MD 000347 | 09 | 55. | ME/Coroner File N | lumber | 56. W | | rred to ME/Coroner? | | |
| | 57. Registrar Signature Qualitary Quantity JF STATE 58. Date Received ay roman 9 2006 | | | | | | | | | |
| | 59. Amendments | 1/1/2 | de la companya della companya della companya de la companya della | 100 | | | | | | |
| | | 1000 | | 1000 - 250 | | | | | | |

DOH/CHS 003 Rev 2/06/200

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03/16/2020 03:41 PM Page 4 of 4 Center for Health Statistics P.O. Box 9709 Olympia, WA 96507-9709 (360) 236-4300

Affidavit for Correction

| neutri | This is a legal Doci | ument. Comple | ete in ink and do not | alter. (360) 2 | a, yvA 98507-9709 36-4300 | | | | | |
|--|--|--|--|--|---------------------------------------|--|--|--|--|--|
| State File Number | Fee Number | ATE OFFICE U | Initials Date | | Affidavit Number | | | | | |
| Record Type: Birth | Use the section below | • • • • • | g any changes on the | e record. | Dissolution | | | | | |
| 1. Name on record: | | · | 2. Date of Event: | 3. Place o | f Event: (City or County) | | | | | |
| 4. Father's Full Name (For E | Birth): (Husband for Marriage or | Dissolution) 5. N | fother's Full Name (Fo | or Birth): (Wife fo | or Marriage or Dissolution) | | | | | |
| | The Record is | s Incorrect or In | complete as follows: | | | | | | | |
| 6. | ecord now shows: | 7. | • | The True fact is: | | | | | | |
| 8. | | 9. | | | | | | | | |
| 10. | | 11. | | | | | | | | |
| 12. | | 13. | | | | | | | | |
| 14. I represent the person | as: Self Parent [Funeral Director [| ☐ Guardian ☐ Other (Spec | ☐ Informant | Telephone | Number: | | | | | |
| I declare under penalty of | perjury under the laws of th | | | ing is true and | d correct. | | | | | |
| 15. Signature: | 16. Date: | 17. Address: | | | | | | | | |
| | s received. An item may be chang n <u>one year</u> of the date it was issue | | | | e by court order. The incorrect | | | | | |
| All changes must be establishe Examples of documentary proof: | ed by documentary proof submit | tted with the affida Medical F | ivit Record ecord (DD-214) | School Reco Voter's Regis effective date | stration Card (if it bears an | | | | | |
| Birth Certificates: | | | | | | | | | | |
| Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe. Proof must be five (or more) years old or have been established within five years of birth. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021) | | | | | | | | | | |
| Death Certificates: | | | | | | | | | | |
| information. | neral director, or executors/admi (cause of death) may be changed from date of death please contai | • | | | | | | | | |
| Marriage/Dissolution (Divorce) Co | | | | | | | | | | |
| Personal fact(s) (minor space) To change the date or place | pelling changes in name, date or ace of marriage or dissolution, the | place of birth or res e officiant (marriage | sidence) may be changed be) or clerk of court (dissoluti | oy affidavit (with p ion) must sign the | proof) by the person. e affidavit. | | | | | |

DOH/CHS 023 (Rev. 9/2002)

MAY 15 2006

Heilrandund
Skagit Coupty Public Health Department
Howard Leibrand M.D., Health Officer

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