

Return Address:

Land Title & Escrow
3010 Commercial Ave
Knappton, WA 98221



202003170099

03/17/2020 03:45 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

Land Title and Escrow

AFFIDAVIT (LACK OF PROBATE)

02-1766480E

The undersigned affiant/grantee Betty J. Wells, 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 Donald B. Wells, who died on 1-6-2020
Decedent/Grantor Date

at La Cenner, Skagit, WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

See attached

Lot 719, Shelter Bay Div. 4.

Assessor's Property Tax Parcel/Account Number: 5100-004-719-0000
(Attach full legal description of the property) P 129418

☒ 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 _____)

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

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 3/11/2020Affiant's full name Betty J. WellsTelephone number 860 425-948-7390

14905 Bothell Everett Highway #155
 Mill Creek WA 98012
 City State Zip Code

Betty J. Wells 3/11/2020
 Signature Date

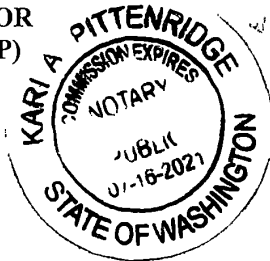
State of WA County of Skagit

I know or have satisfactory evidence that Betty J. Wells
 (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: 3, 11 2020 Jari Hendric
 Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Oak Harbor

Notary Public in and for the State of WA

My appointment expires: 7/16/2021

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

**OFFICE
USE
ONLY**

TYPE OR PRINT IN PERMANENT BLACK INK

8-02

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

2 03407

STATE FILE NUMBER

<p>1. DISTRICT</p> <p>2. COPIES</p> <p>3. HOSPITAL</p> <p>4. OCCURRENCE</p> <p>5. RESIDENCE</p> <p>6. TRACT</p> <p>7. OCCUPATION</p> <p>8.</p> <p>9.</p> <p>10.</p> <p>11.</p> <p>12.</p> <p>13.</p> <p>14.</p> <p>15.</p> <p>16.</p> <p>17.</p> <p>18.</p> <p>19.</p> <p>20.</p> <p>21. ACC LOC</p> <p>22. QUERIES</p> <p>23.</p> <p>24.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">1. NAME First: Donald Middle: Bowman Last: Wells</td> <td colspan="2">2. SEX (M / F) M</td> <td colspan="2">3. DEATH DATE (Mo, Day, Yr) January 6, 2002</td> </tr> <tr> <td colspan="2">4. AGE LAST BIRTHDAY (Yrs) 78</td> <td colspan="2">5. UNDER 1 YEAR MOS DAYS HOURS MINS</td> <td colspan="2">7. BIRTHDATE (Mo, Day, Yr)</td> <td colspan="2">8. BIRTHPLACE (City, State or Foreign Country) Visalia, CA</td> </tr> <tr> <td colspan="3">9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes</td> <td colspan="3">13. 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FOR INSTRUCTIONS SEE BACK AND HANDBOOK

110-008 (Rev. 7/91) (Formerly DSHS 9-150)

A

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

03/17/2020 03:45 PM Page 5 of 6

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

 Washington State Department of Health
 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 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:
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
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Telephone Number: ()	Email Address:
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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

DOH 422-034 January 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

ISSUED

FEB 07 2020



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

EXHIBIT A

A leasehold interest in the following described tract:

Lot 719, "SURVEY OF SHELTER BAY DIV. 4, Tribal and Allotted Lands of Swinomish Indian Reservation," according to the Survey recorded July 8, 1970, in Volume 48 of Official Records, pages 627 through 631, under Auditor's File No. 740962, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.