

Return Address:

Land Title + Escrow
3010 Commercial Ave
Anacortes WA 98201

Land Title and Escrow
02-176821-OE

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kathleen L. Robinson, 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 Raymond R. Robinson, who died on 07/01/1976
Decedent/Grantor Date
at Anacortes Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: **Lot 49, Skyline No. 11.**

Exhibit "A"

Assessor's Property Tax Parcel/Account Number: P00003
(Attach full legal description of the property)

☒ 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 6)

Ray Robinson - 70, Son

Full name, age, relationship, address

Carrie Robinson - 65, Daughter

Full name, age, relationship, address

Roxan Kraft - 56, Daughter

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: March 17 2020Kathleen Robinson

Affiant's full name

Telephone number

1300 O Avenue AptAnaerones

City

WA

State

98001

Zip Code

Kathleen Robinson

Signature

03/17/2020

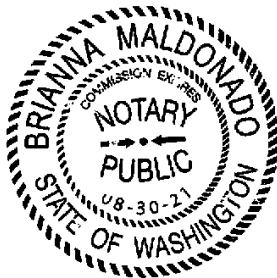
Date

State of WACounty of SnohomishMarch 17 2020I know or have satisfactory evidence that Kathleen L. Robinson
(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: 03/17/2020Brianne Maldonado

Signature of Notary Public

(SEAL OR
STAMP)Residing at: Nt. Vernon WA 98075Notary Public in and for the State of WAMy appointment expires: 08/30/2021

Escrow No.: **02-176821-OE**

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 49, "SKYLINE NO. 11," as per plat recorded in Volume 9 of Plats, pages 78 and 79, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

1. DISTRICT

2. COUNTY

3. HOSPITAL

4. OCCUPANCE

5. RESIDENCE

6. TRAVEL

7. OCCUPATION

8. RESIDENCE

9. RESIDENCE

10. RESIDENCE

11. RESIDENCE

12. RESIDENCE

13. RESIDENCE

14. RESIDENCE

15. RESIDENCE

16. RESIDENCE

17. RESIDENCE

18. RESIDENCE

19. RESIDENCE

20. RESIDENCE

21. RESIDENCE

22. RESIDENCE

23. RESIDENCE

24. RESIDENCE

25. RESIDENCE

26. RESIDENCE

27. RESIDENCE

28. RESIDENCE

29. RESIDENCE

30. RESIDENCE

31. RESIDENCE

32. RESIDENCE

33. RESIDENCE

73

LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146

6

7431

STATE FILE NUMBER

1. NAME (Last, First, Middle)		2. SEX (M / F)	3. DEATH DATE (Mo Day Yr)
RAYMOND R. ROBINSON		Male	02/01/1996
4. AGE LAST BIRTHDAY (Yr / Mo / Day)	5. UNDER 1 YEAR (Mo / Day / Hr / Mins)	6. BIRTH DATE (Mo Day Yr)	7. BIRTH PLACE (City, State or Foreign Country)
79			Anacortes WA
8. CITY, TOWN OR LOCATION OF DEATH		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
Anacortes		Yes	Skagit
11. PLACE OF DEATH - (a) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (b) HOME (c) IN TRANSIT (d) EMERG. INMATE (e) HOSP. (f) NURS. HOME (g) OTHER PLACE		12. SMOKING HISTORY (15 YEARS? Yes / No)	
5204 Doon Way		Yes	
13. MARITAL STATUS - (a) Single (b) Married (c) Widowed (d) Divorced (Specify)		14. SURVIVING SPOUSE (If wife, give maiden name)	15. SOCIAL SECURITY NO.
Married		Kathleen L. Bradshaw	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		17. KIND OF BUSINESS OR INDUSTRY	18. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)
Owner		Robinson Marine	No
21. RACE (Specify)		22. RESIDENCE - NUMBER AND STREET	23. CITY/TOWN OR LOCATION
White		5204 Doon Way	Anacortes
24. INSIDE CITY LIMITS? (Yes / No)		25. COUNTY	26. LENGTH OF RES. IN CO.
Yes		Skagit	79 Yrs
27. STATE		28. ZIP CODE	
WA		98221	
29. FATHER'S NAME - FIRST MIDDLE LAST		30. MOTHER'S NAME - FIRST MIDDLE MAIDEN SURNAME	
Ray Robinson		Edythe	
31. INFORMANT - NAME		32. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)	
Kathleen Robinson		5204 Doon Way, Anacortes, WA 98221	
33. DATE (Mo Day Yr)		34. CEMETERY/CREMATORY - NAME	
02/02/1996		Northwest Crematory	
35. LOCATION - CITY/TOWN STATE		36. ADDRESS OF FACILITY	
Anacortes, WA		1105 32nd St., Anacortes, WA, 98221	
37. NAME OF FACILITY		38. ADDRESS OF FACILITY	
Evans Funeral Chapel			
39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED		40. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED	
SIGNATURE AND TITLE		SIGNATURE AND TITLE	
I		Coroner	
41. DATE SIGNED (Mo Day Yr)		42. HOUR OF DEATH (24 Hrs)	
02/01/1996		1000	
43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		44. PRONOUNCED DEAD (Mo Day Yr)	
C. Les Conway MD, 1213 24th Street, Anacortes, WA 98221		Feb. 1, 1996	
45. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)		46. HOUR OF DEATH (24 Hrs)	
C. Les Conway MD, 1213 24th Street, Anacortes, WA 98221		APPROX. 1000	
47. HOUR PRONOUNCED DEAD (24 Hrs)		48. MEASUREMENT FILE NUMBER	
1115			
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
A. cerebral vascular accident			
B. arteriosclerosis			
C. due to OR AS A CONSEQUENCE OF			
D. due to OR AS A CONSEQUENCE OF			
50. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			
51. AUTOPSIED? (Yes / No)			
No			
52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)			
Yes			
53. AOK SUICIDE? (Yes / No)		54. INJURY DATE (Mo Day Yr)	
Natural			
55. HOUR OF INJURY (24 Hrs)		56. DESCRIBE HOW INJURY OCCURRED	
57. INJURY AT WORK? (Yes / No)		58. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)	
59. RECORD AMENDMENT (Registrar use only) (Type)		60. REGISTRAR SIGNATURE	
		Robert W Evans	
61. DATE RECEIVED (Mo Day Yr)		62. DATE RECEIVED (Mo Day Yr)	
2/2/96			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly OS-16-1-150)

DOH 422-131 (8/10)

NOT VALID IF PHOTOCOPIED OR REPRODUCED



Affidavit for Correction

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

202003240014

03/24/2020 08:55 AM
Washington State Department of Health
Center for Health Statistics
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 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:
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:	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

1. 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
2. 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

3. 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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
2. 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.

Jean Remsbecker

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

ISSUED

MAR 13 2020



0 3 3 6 8 8 3 7