

## Return Address:

Land Title + Escrow  
3010 Commercial Ave  
Anacortes WA 98221

**LAND TITLE AND ESCROW**  
**02-176826-OE**

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Edward J. Hogan, 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 Mary E. Hogan, who died on 9-12-2015  
Decedent/Grantor Date  
at Valley Stevens WASH.  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

see attached legal description

**Lots 7-12, Blk 15, Seattle Synd. Add. To Anacortes.**

Assessor's Property Tax Parcel/Account Number: 3813-015-012-0005, PS8874  
(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 4)

Edward J Hogan, Spouse  
Age: 76 Address: Spokane WA  
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: April, 2020Edward J Hogen

Affiant's full name

Telephone number

5007 N NormandieSpokane

City

WA

State

99205

Zip Code

Edward J Hogen

Signature

4-3-2020

Date

State of WA County of Spokane

I know or have satisfactory evidence that

Edward J. Hogen

(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: 04/1/2020Lisa J Cook

Signature of Notary Public

(SEAL OR  
STAMP)

Notary Public  
State of Washington  
LISA J COOK  
My Appointment Expires Apr 6, 2020

Residing at: SpokaneNotary Public in and for the State of WAMy appointment expires: 04/1/2020

Escrow No.: 02-176826-OE

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

Lots 7, 8, 9, 10, 11 and 12, Block 15, "SEATTLE SYNDICATE'S FIRST ADDITION TO THE CITY OF ANACORTES, WASH.," as per plat recorded in Volume 1 of Plats, page 25, records of Skagit County, Washington.

TOGETHER WITH the Easterly 10 feet of vacated 'S' Avenue abutting said lots.

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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-025527

LOCAL FILE NUMBER: 239

DATE ISSUED: 09/16/2015

FEE NUMBER: 0003201069

GIVEN NAMES: MARY ELLEN  
LAST NAME: HOGAN

COUNTY OF DEATH: STEVENS  
DATE OF DEATH: SEPTEMBER 12, 2015  
HOUR OF DEATH: 08:20 P.M.  
SEX: FEMALE  
AGE: 75 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE:  
BIRTHPLACE: SPRING GROVE, HOUSTON CNTY, MINNESOTA

MARITAL STATUS: MARRIED  
SPOUSE: EDWARD J HOGAN

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: EDWARD J HOGAN  
RELATIONSHIP: HUSBAND  
ADDRESS: 5007 N NORMANDIE, SPOKANE, WA 99205

PLACE OF DEATH: OTHER PLACE  
FACILITY OR ADDRESS: HAPPY DELL WAY ROAD  
CITY, STATE, ZIP: VALLEY, WASHINGTON 99181

RESIDENCE STREET: 5007 N NORMANDIE  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99205  
INSIDE CITY LIMITS? YES  
COUNTY: SPOKANE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: LLOYD E WATSON  
MOTHER: JETTIE

METHOD OF DISPOSITION: ENTOMBMENT  
PLACE OF DISPOSITION: FAIRMOUNT MEMORIAL PARK  
CITY, STATE: SPOKANE, WA  
DISPOSITION DATE: OCTOBER 02, 2015

FUNERAL FACILITY: HERITAGE FUNERAL HOME  
ADDRESS: 508 N GOVERNMENT WAY  
CITY, STATE, ZIP: SPOKANE WA 99224  
FUNERAL DIRECTOR: KOBV L. MAY

CAUSE OF DEATH:  
A. BLUNT FORCE TRAUMA TO THE HEAD AND CHEST  
INTERVAL: MINUTES  
B. EJECTED OFF OF AN ALL-TERRAIN VEHICLE  
INTERVAL: MINUTES  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
NOT WEARING A HELMET, ALCOHOL CONSUMPTION.

DATE OF INJURY: SEPTEMBER 12, 2015  
HOUR OF INJURY: 07:20 P.M. PRESUMED  
INJURY AT WORK? NO  
PLACE OF INJURY: ON HAPPY DELL WAY ROAD

LOCATION OF INJURY: 33315 HAPPY DELL WAY ROAD

CITY, STATE, ZIP: VALLEY, WASHINGTON 99181  
COUNTY: STEVENS

DESCRIBE HOW INJURY OCCURRED:  
AFTER CONSUMING ALCOHOL SHE RODE HER FOUR WHEELER  
UP AN INCLINE AND TURNED A WIDE CORNER STRIKING A  
MAILBOX WHICH FLIPPED THE FOUR WHEELER AND  
EJECTED THE DRIVER AND STRUCK THE PAVEMENT.

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: LORRIE L. SAMPSON  
TITLE: CORONER  
ME/CORONER  
ADDRESS: 215 SOUTH OAK STREET  
CITY, STATE, ZIP: COLVILLE WA 99114  
DATE SIGNED: SEPTEMBER 15, 2015

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 15SCC-063

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
VICTORIA EVELAND  
DATE RECEIVED: SEPTEMBER 16, 2015



# Affidavit for Correction

04/07/2020 10:34 AM Page 5 of 6  
 Mail to: Center for Health Statistics  
 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

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

## 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:
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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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS - go to [www.doh.wa.gov](http://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

CERTIFIED

DOH 422-034 January 2015

SPOKANE REGIONAL HEALTH DISTRICT

SEP 16 2015



Joel McCallough  
 HEALTH OFFICER

CC00199649