

Return Address:

AFFIDAVIT (LACK OF PROBATE)

GNW 20-5371

The undersigned affiant/grantee Patricia E. Haight, 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 Wife
Relationship to decedent

of Orien Wesley Haight, who died on 8-11-01
Decedent/Grantor Date

at Concrete Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lots 11, 12, 13 & the West 10 feet
of Lot 14, Block 9, "PLAT OF GRASS MERE," as per
plat thereof recorded in Volume 3, page 67,
Records of Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: P102010
(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 _____)

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: 5-14-2020

Patricia Haight
Affiant's full name

360-395-5480
Telephone number

171 Duck Lake Rd Apt

Omak WA 98841
City State Zip Code

Patricia Haight 5-15-2020
Signature Date

State of _____ 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: ____ / ____ / ____

Signature of Notary Public

(SEAL OR
STAMP)

Residing at: _____

Notary Public in and for the State of _____

My appointment expires: ____ / ____

STATE OF WASHINGTON
COUNTY OF SKAGIT OKANOGAN

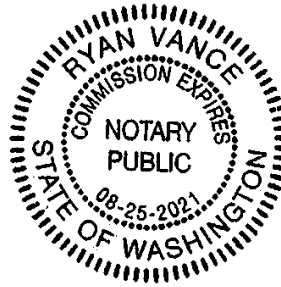
I certify that I know or have satisfactory evidence that Patricia Haight is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 14 day of May, 2020

[Signature]
Signature

Notary Public
Title

My appointment expires: 8/25/21



UNOFFICIAL DOCUMENT

STATE OF WASHINGTON DEPARTMENT OF HEALTH

589 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

Form with fields for Name (ORIENT WESLEY HAIGHT), Sex (M), Death Date (August 11, 2001), Age (69), Birth Date, Place of Death (Skagit Valley Hospital), Marital Status (Married), Occupation (Wood Cutter), and Cause of Death (Respiratory Failure).



USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

1. NAME OF CERTIFICATE	2. PREFIX	3. BIRTHDAY	4. DATE	5. AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		6. STATE FILE NUMBER	for	
7. NAME		8. DATE OF EVENT	9. PLACE OF EVENT (City and County)	
10. FATHER'S FULL NAME (FIRST, MIDDLE AND LAST) (if deceased)		11. MOTHER'S FULL MAIDEN NAME (if birth), WIFE (if Marriage Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACTS:		
12.		13.		
13.		14.		
14.		15.		
15.		16.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 15.				
PHONE NUMBER				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.				
16. SIGNATURE	17. DATE	18. ADDRESS		
DOH 110-007 (Rev. 2008)				

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname 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 110-001)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9700
 Olympia, WA 98507-9700

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

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

H. Leibrand
 Date Issued

AUG 13 2001

II00109208