

202008210129

08/21/2020 03:31 PM Pages: 1 of 4 Fees: \$106.50  
Skagit County Auditor

Return Address:  
2306 16<sup>th</sup> Street,  
Anacortes WA 98221

**Land Title and Escrow**

Order Number: 01-178958-O

State of Washington

County of Skagit

**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared Viola B. Merrill, Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Myron Eugene Merrill
3. The decedent died on Feb. 1, 2003 (date) at Anacortes (City), Skagit (County), Washington (State).
4. My/ Our relationship to the decedent is as follows:  
Surviving Spouse
5. I am/ We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or ☒ Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

**Abbreviated legal:**

Lot 16-18, Block 234, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

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

Tax ID Number: 3772-234-018-0005, P56342\_

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.

9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
Viola B Merrill	89	wife

Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

DATED this 8 day of 15, 2020

*Viola B Merrill*

Affiant's Signature

Viola B. Merrill  
Printed Name of Affiant

2306 16<sup>th</sup> Street

Anacortes, WA  
Address

State of: Washington

County of: Skagit

I certify that I know or have satisfactory evidence that Viola B. Merrill 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.

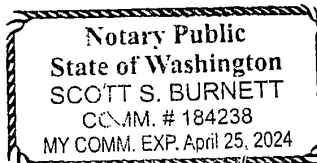
Dated: 15 Aug 2020

Signature

Title

My appointment expires: 4-25-24

Seal or Stamp



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE  
USE  
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

100-03  
LOCAL FILE NUMBER

## Health CERTIFICATE OF DEATH

146

3 07357  
STATE FILE NUMBER

1. NAME	First <b>Myron</b>	Middle <b>Eugene</b>	Last <b>Merrill</b>	2. SEX (M / F) <b>M</b>	3. DEATH DATE (Mo, Day, Yr) <b>Feb 1, 2003</b>
4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country) <b>Anacortes, WA</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>
10. COUNTY OF DEATH <b>Skagit</b>	11. CITY, TOWN OR LOCATION OF DEATH <b>Anacortes</b>	12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> N/R HOME <input type="checkbox"/> OTHER PLACE <b>2306 16th Street</b>	13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>		
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>	15. SURVIVING SPOUSE (If wife, give maiden name) <b>Viola Blanche Zunkel</b>	16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Captain</b>	19. KIND OF BUSINESS OR INDUSTRY <b>Merchant Marine</b>	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>	21. RACE (Specify) <b>White</b>		
22. RESIDENCE — NUMBER AND STREET <b>2306 16th Street</b>	23. CITY/TOWN, OR LOCATION <b>Anacortes</b>	24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>	25A. COUNTY <b>Skagit</b>	25B. LENGTH OF RES. IN CO. <b>58y</b>	26. STATE <b>WA</b>
27. ZIP CODE <b>98221</b>					
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Floyd Edgar Merrill</b>			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Viola Maude [REDACTED]</b>		
30. INFORMANT — NAME <b>Viola Blanche (Zunkel) Merrill</b>			31. MAILING ADDRESS <b>2306 16th Street, Anacortes, WA 98221</b>		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	33. DATE (Mo, Day, Yr) <b>Feb 6, 2003</b>	34. CEMETERY/CREMATORY — NAME <b>Grand View Cemetery</b>	35. LOCATION — CITY/TOWN, STATE <b>Anacortes, WA</b>		
36. FUNERAL DIRECTOR SIGNATURE <b>x R. L. [REDACTED]</b>			37. NAME OF FACILITY <b>Evans Funeral Chapel</b>		
38. ADDRESS OF FACILITY <b>1105 32nd Street Anacortes, WA 98221</b>					
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>x [REDACTED]</b>			43. 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 <b>x [REDACTED]</b>		
40. DATE SIGNED (Mo, Day, Yr) <b>02/04/03</b>	41. HOUR OF DEATH (24 Hrs.) <b>16:30 PM</b>	44. DATE SIGNED (Mo, Day, Yr)	45. HOUR OF DEATH (24 Hrs.)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Mark S. Backman, M.D.</b>			46. PRONOUNCED DEAD (Mo, Day, Yr)		
47. HOUR PRONOUNCED DEAD (24 Hrs.)			48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>C. Les Conway, M.D., 1213 24th Street, Suite 100, Anacortes, WA 98221</b>		
49. ME/CORONER FILE NUMBER <b>NJA 034</b>					
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <b>GLIOBLASTOMA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 MONTH</b>	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
Secondary list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:					
52. AUTOPSY? (Yes / No) <b>No</b>	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>				
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED:		
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <b>x Dorothy Epps, deputy</b>		63. DATE RECEIVED (Mo, Day, Yr) <b>FEB 04, 2003</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev. 7/91) (Formerly DSHS 9-150)

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

**Affidavit for Correction**

08/21/2020 03:33 PM Page 4 of 4  
 Vital Records 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
<b>Required information must match current information on record</b>				
<b>Record Type:</b> <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
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:				
PO Box or Street Address			City	State
Telephone Number:			Email Address:	
( )				

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
8.	9.
10.	11.
12.	13.

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

14a. Signature:	14b. 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**

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

**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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship.
  - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
  - To correct the sex of the child, one proof documentation from a medical provider 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.

**Death Certificates**

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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*

**ISSUED****AUG 10 2020**

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