

Return Address:

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 \_\_\_\_\_  
 \_\_\_\_\_

Real Estate Excise Tax  
 Exempt  
 Skagit County Treasurer  
 By Heather Beauvais  
 Affidavit No. 2020-3495  
 Date 09/02/2020

**AFFIDAVIT (LACK OF PROBATE)**

GNW 20-5837

The undersigned affiant/grantee Bernadene Lacer, 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 Joseph Lacer, who died on 6-25-2020  
*Decedent/Grantor Date*

at Everett Snohomish WA  
*City County State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 3, Revised Skagit County Short  
Plat No. 96-0075, approved Nov 12, 1999 and  
recorded Nov 12, 1999 under Auditor's File  
No. 199911120077

includes m/h 1998 Guerdon 52x42  
Serial No. 60510R 499719618  
 Assessor's Property Tax Parcel/Account Number: P111595

(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 \_\_\_\_\_)

Bernadene Lacer, wife  
12530 Admiralty Way 6103 Everett WA 98204  
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

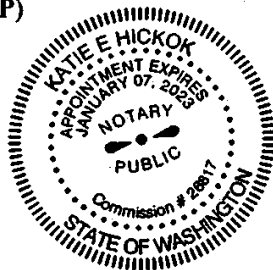
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 9-2-2020Bernadene Lacer  
Affiant's full name425 212 9988  
Telephone number12530 Admiralty Way G103  
StreetEverett WA 98204  
City State Zip CodeBernadene Lacer 9-2-2020  
Signature DateState of WA County of SnohomishI know or have satisfactory evidence that Bernadene Lacer  
(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: 9/2/2020[Signature]  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: WHLeromNotary Public in and for the State of WAMy appointment expires: 1/7/23

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-029348

LOCAL FILE NUMBER: 2822

DATE ISSUED: 06/30/2020  
FEE NUMBER:FIRST AND MIDDLE NAME(S): JOSEPH VERNON  
LAST NAME(S): LACER

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JUNE 25, 2020

HOUR OF DEATH: 03:44 PM

SEX: MALE AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: COEUR D'ALENE, ID

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BERNADENE FAE

OCCUPATION: MACHINIST

INDUSTRY: STEEL MANUFACTURING

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: BERNADENE LACER

RELATIONSHIP: WIFE

ADDRESS: 12530 ADMIRALTY WAY #G103, EVERETT, WA 98204

CAUSE OF DEATH:

A: BRAINSTEM HEMORRHAGE

INTERVAL: DAYS

B: TISSUE PLASMINOGEN ACTIVATOR ADMINISTRATION

INTERVAL: DAYS

C: ACUTE ISCHEMIC CEREBROVASCULAR INJURY

INTERVAL: DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, DIABETES

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 12530 ADMIRALTY WAY; #G103

CITY, STATE, ZIP: EVERETT, WA 98204

INSIDE CITY LIMITS: NO

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 MONTHS

FATHER: HENRY PAUL LACER

MOTHER: ALTA CHARLOTT [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 30, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DAVID P. BRADLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LLOYD ROBERTS, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1700 13TH STREET

CITY, STATE, ZIP: EVERETT, WA 98201

DATE SIGNED: JUNE 29, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NJA

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JULIE MARTIN

DATE RECEIVED: JUNE 29, 2020



# Affidavit for Correction

202009020122

09/02/2020 03:40 PM  
Maitland 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 |
|-------------------|------------|----------|------|------------------|

**Required information must match current information on record**

|                       |   |  |                    |
|-----------------------|---|--|--------------------|
| <b>Required</b>       | 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](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**

- 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

**\*CERTIFIED\***

JUN 30 2020

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

0 3 8 0 5 5 8 7

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