

POOR ORIGINAL

After recording, return to:
Edward Miller
696 Old Hwy 99 N
Bellingham, WA 98229

CHICAGO TITLE
1020044661

Grantor (Name of Decedent): Shelly Anne Surface-Miller
Grantee (Heirs): Edward J. Miller
Abbreviated Legal Description: LT. 6 AND N 1/2 LT. 7, BLK. 2, CENTRAL BAKER
Tax Parcel No.(s): P70554/4049-002-007-0004

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, Edward J. Miller, executes this affidavit relating to the estate of Shelly Anne Surface-Miller (herein "Decedent"), who died on 01-07-2013 in the County of SKagit, State of Washington, then being a resident of the City of Concrete, County of SKagit, State of Washington.
(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
- the lawful surviving spouse of the Decedent
 - Registered domestic partner of the Decedent
 - Surviving child of the Decedent
 - One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 - other (identify:)

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(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Edward J. Miller - Spouse
Name and relationship: _____
Name and relationship: _____
Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

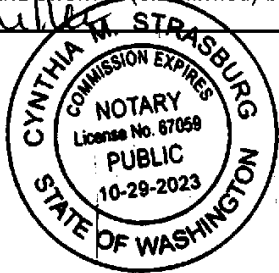
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Edward J. Miller
Signature

Edward J. Miller
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on 9/29/2020 by Edward
Miller (name of person making statement).



Cynthia M. Strasburg
Name: Cynthia M. Strasburg
Notary Public in and for the State of Washington,
Residing at: Skagit County
My appointment expires: 10/29/2023

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P70554/4049-002-007-0004

LOT 6 AND THE NORTH HALF OF LOT 7, BLOCK 2, CENTRAL BAKER, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 3 OF PLATS, PAGE 70, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-000449

DATE ISSUED: 03/04/2013

FEE NUMBER: 000000029

GIVEN NAMES: SHELLY ANNE
LAST NAME: SURFACE-MILLER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 07, 2013
HOUR OF DEATH: 04:03 P.M.
SEX: FEMALE
AGE: 56 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 7279 B AVE.
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: BILLINGS, YELLOWSTONE CNTY, MONTANA

FATHER: UNKNOWN
MOTHER: JOAN L. [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: EDWARD JOSEPH MILLER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JANUARY 11, 2013

OCCUPATION: FISHERMAN
INDUSTRY: COMMERCIAL FISHING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

INFORMANT: ED MILLER
RELATIONSHIP: HUSBAND
ADDRESS: 7279 B AVE., CONCRETE, WA 98237

- CAUSE OF DEATH:
- A. SEPTIC SHOCK
INTERVAL: 2 WEEKS
 - B. PNEUMONIA
INTERVAL: 2 WEEKS
 - C. ALCOHOLIC LIVER FAILURE
INTERVAL: UNKNOWN
 - D. ALCOHOLISM
INTERVAL: UNKNOWN

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANEMIA OF CHRONIC DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: JANUARY 09, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEOROSA
DATE RECEIVED: JANUARY 11, 2013

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

Affidavit for Correction 10/19/2020 02:34 PM Page 6 of 6 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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Voter's Registration Card (if it bears an effective date), Hospital /Medical Record, Military Record (DD-214), Alien Registration Card (front and back), Life Insurance Policy, Birth Record, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate, Marriage/Divorce Record, Passport

Birth Certificates:

- 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 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.
- | | |
|---|--|
| Child (under 18) <ul style="list-style-type: none"> Only parent(s) or legal guardian can change the birth certificate. Guardian must submit certified court order giving them authority to act on behalf of child(ren). Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required. Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. To correct birth date, place of birth or parent's information, one documentary proof is required. | Adult (18 years or older) <ul style="list-style-type: none"> Only the adult themselves can change the birth certificate. If the first or middle name is absent, three pieces of documentary proof are required. If the first and/or middle name is misspelled, two pieces of documentary proof are required. To correct birth date, place of birth or parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. |
|---|--|

4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

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 certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

MAR 04 2013

Handwritten signature

Skagit County Health Department
 Hannah E. Reed M.D., Health Officer

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