

202010300075

10/30/2020 11:16 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:
LAURA A. REE
502 38th St.
ANACORTES, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020
OCT 30 2020

Amount Paid \$ 0
Skagit Co. Treasurer
By Mh Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee LAURA A. REE, 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 SPOUSE
Relationship to decedent

of HARRY A. REE, who died on 8/29/20
Decedent/Grantor Date

at ANACORTES SKAGIT WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

BEALE'S MAPLE GROVE TO ANA. LOTS 18 TO 20
+ VAC W 20 FT OF "U" AVE ADJ TO LOT 20 BLK 23

Assessor's Property Tax Parcel/Account Number: 56123-3775-023-020-
(Attach full legal description of the property) 0005

- 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 _____)

HARRY A REE IV 59 SON

Full name, age, relationship, address

WALNUT CREEK, CA

Full name, age, relationship, address

SHARON REE 59 DAUGHTER

SACRAMENTO CA

Full name, age, relationship, address

CATHY BUCK 60 DAUGHTER

MOBILE, AL.

Full name, age, relationship, address

LAURA A. REE 73 SPOUSE

ANACAPTES, WA.

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 10-30-2020

LAURA ANN REE

Affiant's full name

360-299-3507

Telephone number

502 38th St

ANACORTES WA 98221
City State Zip Code

Laura A Ree 10-30-2020
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Laura A Ree
(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: 10 30 2020

Aurie H
Signature of Notary Public



Residing at: Anacortes

Notary Public in and for the State of Washington

My appointment expires: 02/04/2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-040206

DATE ISSUED: 09/03/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HARRY ALBERT
LAST NAME(S): REE III

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 29, 2020
HOUR OF DEATH: 09:47 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 502 - 38TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 502 - 38TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: NEW YORK CITY, NY

FATHER: HARRY ALBERT REE II
MOTHER: GENEVIVE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LAURA ANN SEGERMAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: LIEUTENANT COLONEL
INDUSTRY: US AIR FORCE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: SEPTEMBER 02, 2020

INFORMANT: LAURA REE
RELATIONSHIP: WIFE
ADDRESS: 502 - 38TH STREET, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A: MALIGNANT MELANOMA WITH METASTATIC DISEASE TO LIVER AND LYMPH NODES
INTERVAL: 20 MONTHS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: SEPTEMBER 01, 2020

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: SEPTEMBER 02, 2020



Affidavit for Correction

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Washington State Department of Health
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
Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (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)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: PO Box or Street Address, City, State, Zip
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 currently shows:
The true fact is:
8. 9.
10. 11.
12. 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature:
14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to 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
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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form 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.
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 proof documentation are required.
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
• To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates
1. 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.
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 proof documentation.
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.



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

CERTIFIED

SEP 03 2020

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



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