

Return Address:

PRICE & FARRINGTON, PLLC
2370-130th Ave NE, Ste 103
Bellevue, WA 98005

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JUDITH ANN OVERTURF , 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

of DOUGLAS DALE OVERTURF , who died on 5/24/2014
Decedent/Grantor *Relationship to decedent* *Date*
at Seattle, King Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN GOV LOT 5, SECTION 25, TOWNSHIP 33 N, R 4 E, W.M.

Assessor's Property Tax Parcel/Account Number: 33042540530004/P17289
(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)

JUDITH ANN OVERTURF, wife

61 Pine St., Unit 208, Edmonds, WA 98020

Full name, age, relationship, address

Dated : 10-6-20

Affiant's full name

JUDITH ANN OVERTURF

Telephone number

61 Pine St., Unit 208

Edmonds

City

WA

State

98020

Zip Code

Judith Ann Overturf
Signature

10-6-20
Date

State of Washington

County of King

I know or have satisfactory evidence that JUDITH ANN OVERTURF

(name of person)

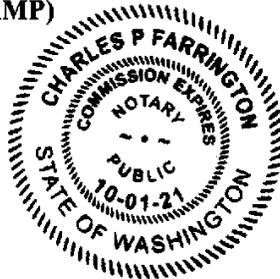
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10 / 6 / 20

[Signature]

Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Sumnerish

Notary Public in and for the State of Washington

My appointment expires: 10-1-21

EXHIBIT A

A TRACT OF LAND IN GOVERNMENT LOT 5, SECTION 25, TOWNSHIP 33 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE EASTERLY RIGHT OF WAY LINE OF THE NORTHERN PACIFIC RAILWAY, AS IT EXISTED NOVEMBER 23, 1964, 636.53 FEET SOUTH AND 1,812.89 FEET EAST OF THE NORTHWEST CORNER OF SAID GOVERNMENT LOT 5; THENCE NORTH 34°25'30" WEST ALONG THE RIGHT OF WAY LINE OF SAID NORTHERN PACIFIC RAILWAY, 45.0 FEET; THENCE NORTH 55°34' 30" EAST, 199.8 FEET TO THE SHORE OF LAKE MCMURRAY; THENCE SOUTHEASTERLY ALONG SAID SHORE OF LAKE MCMURRAY TO A POINT WHICH BEARS NORTH 55°34'30" EAST, 212.86 FEET FROM THE POINT OF BEGINNING; THENCE SOUTH 55°34'30" WEST, 212.86 FEET TO THE POINT OF BEGINNING;

EXCEPT THAT PORTION, IF ANY, LYING SOUTHERLY OF THE NORTHERLY LINE OF THOSE PREMISES CONVEYED TO HELEN HAYDEN BY DEED DATED MAY 9, 1964, RECORDED MAY 12, 1964, UNDER AUDITOR'S FILE NO. 650420, RECORDS OF SKAGIT COUNTY, WASHINGTON;

ALSO EXCEPT THAT PORTION, IF ANY, LYING NORTHERLY OF THE SOUTHERLY LINE OF THOSE PREMISES CONVEYED TO WILLIAM J. MACLAM AND FELICIA MACLAM, HUSBAND AND WIFE, BY DEED RECORDED MAY 9, 1964, UNDER AUDITOR'S FILE NO. 650421, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

Including and subject to all matters of record.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued: 10/23/2020

Washington State Certificate of Death form with fields for: 1. Legal Name (Douglas Dale Overturf), 2. Death Date (5/24/2014), 3. Sex (Male), 4a. Age (68), 4b. Under 1 Year (0), 4c. Under 1 Day (0), 5. Social Security Number, 6. County of Death (King), 7. Birthdate, 8a. Birthplace (Seattle), 8b. (State or Foreign Country) (Washington), 8c. Decedent's Education (Bachelor's Degree), 10. Was Decedent of Hispanic Origin? (No), 11. Decedent's Race(s) (White), 12. Was Decedent ever in U.S. Armed Forces? (No), 13a. Residence: Number and Street (10107 Radford Ave. NW), 13b. City or Town (Seattle), 13c. Residence: County (King), 13d. Tribal Reservation Name, 13e. State or Foreign Country (WA), 13f. Zip Code + 4 (98177), 13g. Inside City Limits? (Yes), 14. Estimated length of time at residence (25 Years), 15. Marital Status at Time of Death (Married), 16. Surviving Spouse's or Domestic Partner's Name (Judith A. Beach), 17. Usual Occupation (Self Employed), 18. Kind of Business/Industry (Medical Distribution), 19. Father's Name (Willard L. Overturf), 20. Mother's Name Before First Marriage (Lois M.), 21. Informant's Name (Judith A. Overturf), 22. Relationship to Decedent (Wife), 23. Mailing Address (7100 Roosevelt Way NE Seattle, WA 98115), 24. Place of Death (Decedent's Home), 25. Facility Name (10107 Radford Ave. NW), 26a. City, Town, or Location of Death (Seattle), 26b. State (WA), 27. Zip Code (98177), 28. Method of Disposition (Cremation), 29. Place of Final Disposition (Washelli Crematory), 30. Location-City/Town, and State (Seattle, WA), 31. Name and Complete Address of Funeral Facility (Evergreen-Washelli, 11111 Aurora Ave. N, Seattle, WA 98133), 32. Date of Disposition (5/29/2014), 33. Funeral Director Signature, 34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cancer unknown primary site. Interval between Onset & Death: 10 months. Underlying Cause (disease or injury that initiated the events resulting in death): LAST. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above. 36. Autopsy? (No). 37. Were autopsy findings available to complete the Cause of Death? (No). 38. Manner of Death: (Natural). 39. If female: (Not pregnant within past year). 40. Did tobacco use contribute to death? (No). 41. Date of Injury (unknown). 42. Hour of Injury (24hrs). 43. Place of Injury (Decedent's home). 44. Injury at Work? (No). 45. Location of Injury: Number & Street, City or Town, County, State, Apt. No. 46. Describe how injury occurred. 47. If transportation injury, specify: (Driver/Operator). 48a. Certifying Physician: Vincent J Picozzi, 1100 9th Ave. Buck Pavilion Level 2, Seattle, WA 98101. 48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Vincent J Picozzi, 1100 9th Ave. Buck Pavilion Level 2, Seattle, WA 98101. 50. Hour of Death (24hrs): 0600. 51. Name and Title of Attending Physician (Type or Print): Vincent J Picozzi, M.D. 52. Date Signed (mm/dd/yyyy): 05/26/2014. 53. Title of Certifier: M.D. 54. License Number: MD00023116. 55. ME/Coroner File Number: NJA 14-3914. 56. Was case referred to ME/Coroner? (Yes). 57. Registrar Signature: [Signature]. 58. Date Received (mm/dd/yyyy): 05/29/2014. 59. Amendments.



Affidavit for Correction

202011030026

11/03/2020 09:16 AM Mail to: 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.

DOH 422-034 August 2019

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle		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) First Middle		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			

7. Return Mailing Address: PO Box or Street Address State ZI
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

- 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 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.

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.

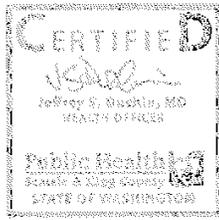
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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.



0 4 5 3 3 8 0 4

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