

RECORDING REQUESTED BY:



Punctual Abstract Co.
3705 Day St.
Harvey, La. 70058

ORDER NO. WFRDIL19171188
APN: S340235135 (P129187)



202011100083

11/10/2020 09:44 AM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

SPACE ABOVE THIS LINE FOR RECORDERS USE

AFFIDAVIT OF DEATH OF SPOUSE
(COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP)

State of California }
County of Skagit } ss.

Teresa Simmons, of legal age, being first duly sworn, deposes and says:

That Darrel Hendricks, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Darrel Hendricks, named as one of the parties in that certain deed, dated July 12, 2000, executed by Vivian G Pederson to Darrel L Hendricks and Sharen C Hendricks as Community Property with Right of Survivorship, recorded on July 18, 2000, in Book Instrument # Page 200007180038 as Instrument No. , in the Official Records of Skagit County, California, covering the following described property situated in the County of Skagit, State of California:

Lot 373, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington. P129187

Situate in the County of Skagit, State of Washington.

That he/she was married to Sharen C Hendricks, at the time of death of decedent.

That the above-described property has been at all time since acquisition considered the community property of him/her and decedent. More than forty (40) days have passed since the death of the above named decedent, and no notice has been recorded pursuant to Section 13541 of the Probate Code.

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code Sections 13502 or 13503 in any probate proceedings in any court of competent jurisdiction.

That the above described property has not passed to someone other than the affiant under the decedent's will or by interstate succession. That the property has not been disposed of in trust under the decedent's will. That the decedent's will does not limit the affiant to a qualified ownership.

That this Affidavit is made for the protection and benefit of the surviving spouse, his/her successors, assigns and personal representatives and all other parties hereafter dealing with or who may acquire an interest in the above described property.

Date: 27 day of August, ~~2019~~ 2020

Sharen C Hendricks by Teresa Simmons, POA

Sharen C Hendricks by Teresa Simmons, her Power of Attorney

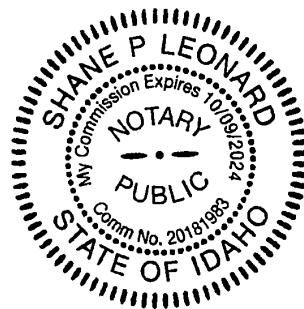
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

State of ~~Washington~~ Idaho
County of ~~Skagit~~ Kootenai

Subscribed and sworn to (or affirmed) before me on this 27th day of August, ~~2019~~ 2020 by
Teresa Simmons, who proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.

Signature

(Seal)



STATE OF WASHINGTON DEPARTMENT OF HEALTH

1477
OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

891

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1460 42629
STATE FILE NUMBER

1. NAME First: Darrel Middle: Laverne Last: Hendricks	2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) 12/9/2000
4. AGE LAST BIRTHDAY (Yrs) 54	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY
7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country) Snoqualmie, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes
10. CITY, TOWN OR LOCATION OF DEATH La Conner	11. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. REMOVAL PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 373 Ozette Place	12. COUNTY OF DEATH Skagit
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Sharen C. Crenshaw
16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (1-4 or 5+) 2	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Entrepreneur
19. KIND OF BUSINESS OR INDUSTRY Sales And Service	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21. RACE (Specify) White
22. RESIDENCE — NUMBER AND STREET 373 Ozette Place	23. CITY/TOWN, OR LOCATION La Conner	24. INSIDE CITY LIMITS? (Yes / No) No
25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 5 months	26. STATE WA
27. ZIP CODE 98257	28. FATHER'S NAME — FIRST, MIDDLE, LAST Donald Hendricks	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Dorris
30. INFORMANT — NAME Sharen C. Hendricks	31. MAILING ADDRESS 373 Ozette Place	32. CITY OR TOWN La Conner
33. STATE WA	34. ZIP 98257	35. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial
36. DATE (Mo, Day, Yr) 12/14/2000	37. CEMETERY/CREMATORY — NAME Evergreen Memorial Park	38. LOCATION — CITY/TOWN, STATE Seattle, WA
39. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>	40. NAME OF FACILITY Evergreen Washelli Funeral Home	41. ADDRESS OF FACILITY 11111 Aurora Ave Seattle WA 98133
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		
42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		
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.		
44. SIGNATURE AND TITLE X <i>[Signature]</i>		
45. DATE SIGNED (Mo, Day, Yr) 12/12/00		
46. HOUR OF DEATH (24 Hrs) 0705		
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James A. McHugh, M.D., 1600 E. Jefferson St. #510 Seattle, WA 98122		
49. ME/CORONER FILE NUMBER NJA-238		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:		
IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Myocardial Infarction		
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		
B. Hypertension		
C. Diabetes		
D.		
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.		
52. AUTOPSY? (Yes / No) No		
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes		
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 X <i>[Signature]</i> , Deputy		
63. DATE RECEIVED (Mo, Day, Yr) DEC 15 2000		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

A

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

11/10/2020 09:44 AM Page 4 of 4

This is a legal document. Complete in ink and do not alter.

 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First 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 City State Zip			
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Telephone Number: ()	Email Address:
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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:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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
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- *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



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

NOV 18 2019



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