

## Return Address:

Karen Staat  
407 Heather Circle #4  
mt. Vernon WA 98273

## Land Title and Escrow

Order Number: 01-181484-OE

State of WashingtonCounty of Skagit**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared Karen K. Staat  
 Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Robert Allen Staat
3. The decedent died on 6/2/03 (date) at Seattle (City), King (County), WA (State).
4. My/ Our relationship to the decedent is as follows:  
Wife
5. ☒ I am We are the rightful heirs to the property described herein.
6. ☒ Decedent left no last Will; or ☐ Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal: **Lot 21, Thunderbird**Tax ID Number: 54487

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.

9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
<u>Karen K. Staat</u>	<u>67</u>	<u>Wife</u>
Full Name	Age	Relationship

Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

DATED this 13 day of Nov 2020

Karen K. Staat  
Affiant's Signature

Karen K. Staat  
Printed Name of Affiant

Address

State of: Washington

County of: Skaagit

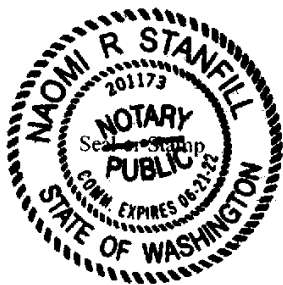
I certify that I know or have satisfactory evidence that Karen K. Staat is the person who appeared before me, and said person acknowledged that (he~~s~~<sup>he</sup>) signed this instrument and acknowledged it to be (his~~er~~<sup>er</sup>) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 11-13-2020

Naomi R. Stanfill  
Signature

Escrow Assistant  
Title

My appointment expires: 06-21-22



**ALTA COMMITMENT**

Title Order No.: **01-181484-OE**

**EXHIBIT A**

Lot 21, "THUNDERBIRD," as per plat recorded in Volume 9 of Plats, pages 34 and 35, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

**END OF EXHIBIT A**

*This page is only a part of a 2016 ALTA Commitment for Title Insurance. This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I—Requirements; and Schedule B, Part II—Exceptions.*

ALTA Commitment for Title Insurance

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

# CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

5495

LOCAL FILE NUMBER



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: ROBERT, Middle: A, Last: STAAT			2. SEX (M / F) MALE		3. DEATH DATE (Mo. Day, Yr) JUNE 02, 2003	
4. AGE LAST BIRTHDAY (Yrs) 55		5. UNDER 1 YEAR MOS: , DAYS: , HOURS: , MINS:		7. BIRTHDATE (Mo. Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Chicago, IL
11. CITY, TOWN OR LOCATION OF DEATH Seattle			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE University of Washington Medical Center			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Karen K. Kempema		16. SOCIAL SECURITY NO.		
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): , College (1-4 or 5+): 2						
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Diesel Mechanic		19. KIND OF BUSINESS OR INDUSTRY Truck Repair		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) Caucasian						
22. RESIDENCE—NUMBER AND STREET 821 Apache Dr.		23. CITY/TOWN OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes/No) Yes		
25A. COUNTY Skagit		25B. LENGTH OF RES. IN CO. 14 yrs		26. STATE Wash.		
27. ZIP CODE 98273						
28. FATHER'S NAME—FIRST, MIDDLE, LAST Herman Staat			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Charlotte			
30. INFORMANT—NAME Karen K. Staat		31. MAILING ADDRESS STREET OR RFD NO.: , CITY OR TOWN: , STATE: , ZIP: 821 Apache Dr. Mount Vernon, Wash. 98273				
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) June 7, 2003		34. CEMETERY/CREMATORY—NAME Mount Vernon Cemetery		
35. LOCATION—CITY/TOWN, STATE Mount Vernon, Wa. 98273						
36. FUNERAL DIRECTOR SIGNATURE (Signature)		37. NAME OF FACILITY Kern Funeral Home		38. ADDRESS OF FACILITY 1122 S. 3rd St. Mount Vernon, Wash. 98273		
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE (Signature: Dennis Reichenbach MD)			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. SIGNATURE AND TITLE (Signature: )			
40. DATE SIGNED (Mo. Day, Yr) JUNE 4, 2003		41. HOUR OF DEATH (24 Hrs.) 2116		44. DATE SIGNED (Mo. Day, Yr)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) JONATHAN DRACHMAN, MD		46. PRONOUNCED DEAD (Mo. Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) DENNIS REICHENBACH, MD, 1959 NE PACIFIC ST, SEATTLE, WA 98195						
49. ME/CORONER FILE NUMBER						
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.		A. MALIGNANT PERICARDIAL EFFUSION DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
		B. METASTATIC PENILE CANCER DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
		C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
		D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT INCLUDED IN THE UNDERLYING CAUSE GIVEN ABOVE:						
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF DEATH (24 Hrs.)		
58. INJURY AT WORK? (Yes / No)		57. DESCRIBE HOW INJURY OCCURRED:				
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 (Signature: )		63. DATE RECEIVED (Mo. Day, Yr) JUN - 6 2003		

DCH-01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



# Affidavit for Correction

202012020124

12/02/2020 02:41 PM Page 5 of 5

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is incorrect or incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit				
Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport				
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) 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.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b>				
Death Certificates:				
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. 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:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth of respondent) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (minister or clerk of court or dissolution) must sign the affidavit.				

DOH/CHS 021 (Rev. 9/2002)

**CERTIFIED**  
Seattle - King County  
Department of Public Health

*Alanna L. Plough*  
Alanna L. Plough, Ph.D., MPH  
Director and Health Officer

JUN 10 2003

KK00251024