202012310101
12/31/2020 11:45 AM Pages: 1 of 4 Fees: $106.50
Skagit County Auditor, WA

Return Address:
Guardian NW Title
1301-B Riverside Dr.
Anacortes, WA 98221

AFFIDAVIT (LACK OF PROBATE)

GNW 20-8545

The undersigned affiant/grantee Donelda L. Coleman (Name of Affiant), being first duly sworn 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 (Relationship to decedent) of Douglas William Coleman (Decedent/Grantor), who died on 6-14-2002 (Date) at Anacortes (City) Skagit (County) Washington (State).

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 8 'Broadview Addition to the City of Anacortes' as per plat recorded in Vol. 7 of Plats, page 22, records of Skagit County, City of Anacortes, State of Washington.

Assessor's Property Tax Parcel/Account Number: P56918
(Attach full legal description of the property) 3777-000-008-0007

☒ 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)

REV 84.0017 (1/3/17)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Donelda J Coleman wife-widow
950 NW Muifield Court
Beaverton, OR 97006

Full name, age, relationship, address

Dated: December 21, 2020

Donelda Louise Coleman
Affiant's full name

971-223-9729
Telephone number

950 N.W. Muirfield Court
Street

Beaverton OR 97006
City *State* *Zip Code*

Donelda Louise Coleman 12/21/2020
Signature *Date*

State of Oregon County of Washington

I know or have satisfactory evidence that Donelda L Coleman
(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: 12/21/2020

Signature of Notary Public

(SEAL OR STAMP)

Residing at: Washington Co

Notary Public in and for the State of Oregon

My appointment expires: 1/28/22

OFFICIAL STAMP
CYNTHIA L KROGH
NOTARY PUBLIC - OREGON
COMMISSION NO. 970843
MY COMMISSION EXPIRES JANUARY 28, 2022

REV 84 0017 (1/3/17)

2020123101O1

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY
1. DISTRICT: 375
2. CODES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22. DUPES
23.
24.

TYPE OR PRINT IN PERMANENT BLACK INK

464-02
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146 2 22885
STATE FILE NUMBER

DECEDENT

1. NAME — First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo., Day, Yr)
DOUGLAS	WILLIAM	COLEMAN	Male	June 14, 2002

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR — MOS / DAYS	6. UNDER 1 DAY — HOURS / MINS	7. BIRTHDATE (Mo. Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
49			[redacted]	Rice Lake, WI	Yes	Skagit

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — (BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 ☒ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. ROOM/OUT PTN 4 ☐ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 12 YEARS? (Yes / No)
Anacortes	1306 Broadview DR	No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Donelda Carman	[redacted]	12	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Mechanic	Automobile	No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
1306 Broadview Dr.	Anacortes	Yes	Skagit	41 Yrs	WA	98221

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Curt Herbert Coleman	Bertha Byrdine [redacted]

DISPOSITION

30. INFORMANT — NAME	31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)
Donelda Coleman	P.O. Box 1093 Anacortes, WA 98221

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Cremation	Jun. 24, 2002	Seattle Service Group Crematory	Seattle, WA

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
x [signature] 1551	Bleitz Funeral Home	316 Florentia St. Seattle, WA 98109

CERTIFICATION

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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: x [signature] MD
40. DATE SIGNED (Mo, Day, Yr): 6/19/02
41. HOUR OF DEATH (24 Hrs.): 1925
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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: x
44. DATE SIGNED (Mo., Day, Yr)
45. HOUR OF DEATH (24 Hrs.)
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): (Stamp) George Gier MD 1415 E Kincaid Mt Vernon WA 98274
49. ME/CORONER FILE NUMBER: NJA-157

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac arrest	5 min.
DUE TO, OR AS A CONSEQUENCE OF:	b. Respiratory arrest	20 min
DUE TO, OR AS A CONSEQUENCE OF:	c. Vasotec ingestion	2 months
DUE TO, OR AS A CONSEQUENCE OF:	d. Methadone toxicity	2 years

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
	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	63. DATE RECEIVED (Mo., Day, Yr)
				x Dorothy Eppa, deputy	JUN 26 2002

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev. 7/01) (formerly CHS 9-150)

A

DOH 422-131 (8/16)

NOT VALID IF PHOTOCOPIED OR ALTERED