

Return Address:

AFFIDAVIT (LACK OF PROBATE)

GNW 20-8987

The undersigned affiant/grantee Dorothy Rae Love, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Spouse
Relationship to decedentof Robert L. Love who died on 4/1/2017
Decedent/Grantor Date
at Arlington Snohomish WA
City County State**REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)**

Abbreviated Legal Descriptions: _____

lots 36 & 37 block K Cape Horn on the Skagit Div 2

Assessor's Property Tax Parcel/Account Numbers: (List All)

P63364 P63365

(Attach full legal description(s) of the property)

☒ Decedent left no Last Will and Testament and no Community Property Agreement; or☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or☐ Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or☐ Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

<u>Debra Rae Ferguson</u>			
Full name, age and relationship			
<u>Billings</u> <u>MT</u> <u>99261</u>			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
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Address City State Zip			
Full name, age and relationship			
Address City State Zip			

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ under 1 mil. of which approximately \$ _____ was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (☒) OR those shown on an attachment (s) hereto (☐).

The Affiant further declares that the decedent had (☐) OR had never (☒) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: December 30, 2020

Dorothy Rae Love 425-231-9264
Affiant's full name Telephone number
24731 SR 9 NE Abington WA 98223
Street City State Zip Code

State of Washington County of Snohomish

I know or have satisfactory evidence that Dorothy Rae Love
(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: December 30, 2020 Fiona S. Vassar
Signature of Notary Public

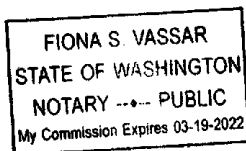
(SEAL OR STAMP)

Residing at Lake Stevens

Notary Public in and for the State of WA 22

My appointment expires: 3/19 2022
70.

(Based on REV 84 0017 (1/3/17))



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-016178

LOCAL FILE NUMBER: 1536

DATE ISSUED: 04/07/2017

FEE NUMBER: 310417

FIRST AND MIDDLE NAME(S): ROGER LAWRENCE
LAST NAME(S): LOVE

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: APRIL 01, 2017

HOUR OF DEATH: 10:30 AM

SEX: MALE AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: COUPEVILLE, WASHINGTONMARITAL STATUS: MARRIED
SPOUSE: DOROTHY MULLENOCCUPATION: FOREMAN
INDUSTRY: COUNTY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: DOROTHY LOVE
RELATIONSHIP: WIFE
ADDRESS: 1007 EAST 4TH STREET ARLINGTON WA 98223CAUSE OF DEATH:
A: RESPIRATORY ARREST SECONDARY TO SYSTEM INFLAMMATORY RESPONSE SYNDROME
INTERVAL: 1 DAY
B: HYPOTENSION
INTERVAL: 3 DAYS
C: MYOCARDIAL INFARCTION
INTERVAL: 12 HOURS
D: LOWER RESPIRATORY INFECTION
INTERVAL: 3 DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: CASCADE VALLEY HOSPITAL
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223RESIDENCE STREET: 1007 EAST 4TH ST.
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARSFATHER/PARENT: RAYMOND LOVE
MOTHER/PARENT: LORNA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICESCITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: APRIL 07, 2017

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

ADDRESS: 1321 STATE AVE
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270
FUNERAL DIRECTOR: GINA L. LANDERHOLMMANNER 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 RESPONSECERTIFIER NAME: TONY GEORGE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 330 S. STILLAGUAMISH AVE.
CITY, STATE, ZIP: ARLINGTON, WA 98223
DATE SIGNED: APRIL 07, 2017CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: JULIE MARTIN
DATE RECEIVED: APRIL 07, 2017



Affidavit for Correction

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

Mail to: Center for Health Statistics
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

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal 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: _____

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 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: _____ Date: _____ Printed name: _____ 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

- 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)

- 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

*To change any part of the name of a child, 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)

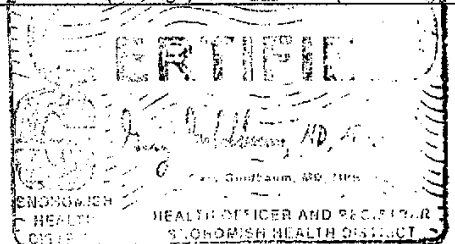
Death Certificates

- 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). The informant may change marital status with proof. 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 October 2015



0 1 4 1 4 7 9 8

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

Exhibit "A"
Property Description

Lots 36 and 37, Block K, "CAPE HORN ON THE SKAGIT DIVISION NO. 2", as per plat recorded in Volume 9 of Plats, pages 14 through 19, inclusive, records of Skagit County, Washington.