202101210132
01/21/2021 02:34 PM Pages: 1 of 7 Fees: $45.00
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

After Recording
Return to

Corrine Mae Hyatt
7445 Avalon Heights Way
Sedro-Woolley, WA 98284

RECORDING COVERSHEET

Document Title:	Death Certificate
Grantor:	State of Washington
Grantee/Deceased	RobertS. Miller:

Tax Parcel:	P36380
Abbr. Legal	Tr 3. Rev. SP 70-80 a portion of the E1/2 SW ¼ of Sec. 13, Twp 35 N., R. 4 E., W.M.

202101210132

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-008664

DATE ISSUED: 02/26/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT SEELEY
LAST NAME(S): MILLER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 26, 2018
HOUR OF DEATH: 05:00 AM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [redacted]
BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: MARRIED
SPOUSE: MATTIE HITTSON

OCCUPATION: MANAGER
INDUSTRY: STEEL MANUFACTURING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: CORRINE HYATT
RELATIONSHIP: DAUGHTER
ADDRESS: 392 CARTER STREET SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: BLADDER CANCER
INTERVAL: WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DYSPHAGIA, WEIGHT LOSS, OSTEOPOROTIC HIP FRACTURE

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: WHERE THE HEART IS
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1501 COLLINS ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: SEELEY LAWRENCE MILLER
MOTHER/PARENT: VEDA MARI[redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: FEBRUARY 27, 2018

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

MANNER 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 RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: FEBRUARY 26, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: FEBRUARY 26, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

UNOFFICIAL DOCUMENT

Washington State Department of Health

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

Required information must match current information on record

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

1. Name on Record: First Middle Last
2. Date of Event: DD MM YYYY
3. Place of Event: City, or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution): First Middle Last
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): First Middle Last Maiden
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: Street City State Zip

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 forgoing 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

1. 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.
2. **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.
3. 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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

CERTIFIED

FEB 26 2018

Skagit County Health Department
Howard Leibrand M.D., Health Officer

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

0 1 8 0 1 7 9 6

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Return Address:
Corinne M. Hyatt
7445 Avalon Heights Way
Sedro-Woolley, WA 98284

AFFIDAVIT (LACK OF PROBATE)

GNW JM 2149

The undersigned affiant/grantee Corinne Mae Hyatt (*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 daughter (*Relationship to decedent*) of Robert S. Miller (*Decedent/Grantor*), who died on 02/16/2018 (*Date*) at Burlington (*City*) Skagit (*County*) WA (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Tract 3 of Short Plat No. 70-80, a portion of the East 1/2 of the Southwest 1/4 of Section 13, Township 35 North, Range 4 East, W.M.

Assessor's Property Tax Parcel/Account Number: P36380
(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)

REV 84 0017 (1/3/17)

UNOFFICIAL DOCUMENT

Dated : January 20, 2021

Corrine Mae Hyatt

Affiant's full name

Telephone number

Street

City *State* *Zip Code*

Corinne Mae Hyatt 1/20/2021

Signature *Date*

State of WA County of Skagit

I know or have satisfactory evidence that Corrine Mae Hyatt
(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: 1 / 20 / 2021

(SEAL OR STAMP)

JOHN S MILNOR
APPOINTMENT EXPIRES DECEMBER 05, 2022
NOTARY PUBLIC
Commission # 89271
STATE OF WASHINGTON

John S Milnor
Signature of Notary Public

Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 12/05/2021

REV 84 0017 (1/3/17)

Corinne Mae Hyatt, legal age, daughter, 7445 Avalon Heights Way
Sedro Woolley, WA 98284

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

Full name, age, relationship, address

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Tract 3 of Revised Short Plat No. 70-80 approved July 3, 1980 and recorded July 7, 1980 as Auditor's File No. 8007070001, in Volume 4 of Short Plats, Page 126, and as revised by Affidavit to Correct Property Description, as recorded as Auditor's File No. 8010240021, records of Skagit County, Washington; being a portion of the East ½ of the Southwest ¼ of Section 13, Township 35 North, Range 4 East, W.M.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across the West 20 feet of Tract 2 of said Short Plat No. 70-80.

EXCEPT from all of the above that portion thereof lying within the boundaries of Tract 2 of Short Plat No. 80-78, approved November 1, 1978 in Volume 3 of Short Plats, page 38, records of Skagit County, Washington.

SUBJECT TO MATTERS OF RECORD.

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