



☒ The lawful surviving spouse of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ Surviving child of the Decedent  
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.  
☐ Other (identify:) \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Robert C. Snow 1508 Lindsay Loop Unit 101 Mount Vernon, WA 98274	legal	spouse

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

Unit 101, Building 2, MADDOX HIGHLANDS CONDOMINIUM I PHASE I, according to the Declaration thereof recorded January 23, 2001, under Auditor's File No. 200101230038, and any amendments thereto, And Survey Map and Plans thereof recorded January 23, 2001, under Auditor's File No. 200101230037, records of Skagit County Washington.

Situated in Skagit County, Washington.

**5. Status of the Will (if any)**

- ☐ The decedent left no Will that devises real property.
- ☒ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 10/24/2015. The Will devises and states that:

Article IV RESIDUARY ESTATE (A.) I give all my residuary estate, being all property, real and personal, wherever situated, in which I have any interest at the time of my death, and not otherwise disposed of, to My Spouse.

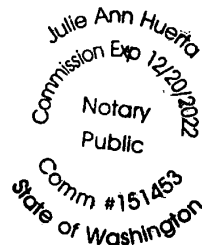
DATED: 12-15-2020, 2020

Robert C. Snow  
Robert C. Snow - Affiant

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me **Robert C. Snow** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 15 day of December 2020.



Julie Ann Huerta  
Notary Public in and for the State of Washington,  
residing at Sedro Woolley  
My appointment expires 12-20-22

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-040286

DATE ISSUED: 09/03/2020  
FEE NUMBER: 1706064FIRST AND MIDDLE NAME(S): ELLEN GAY  
LAST NAME(S): SNOW

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 27, 2020

HOUR OF DEATH: 05:30 AM

SEX: FEMALE

SOCIAL SECURITY NUMBER: [REDACTED]

70 YEARS

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: TYLER, TX

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ROBERT CHESTER SNOW

OCCUPATION: SECRETARY

INDUSTRY: UNIVERSITY

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: ROBERT CHESTER SNOW

RELATIONSHIP: HUSBAND

ADDRESS: 1508 LINDSAY LOOP # 101 MT. VERNON, WA 98274

CAUSE OF DEATH:

A: SEPSIS

INTERVAL: DAYS

B: CHRONIC PRESSURE ULCERS

INTERVAL: MONTHS

C: SEVERE SENILE DEMENTIA OF UNKNOWN TYPE

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME

FACILITY OR ADDRESS: 3807 E COLLEGE WAY # C3

CITY, STATE, ZIP: MT VERNON, WASHINGTON 98273

RESIDENCE STREET: 3807 E COLLEGE WAY # C3

CITY, STATE, ZIP: MT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER: ROBERT RANEY

MOTHER: JANE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: SEPTEMBER 03, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: MANUELA A. BARBER

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: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: AUGUST 28, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: SEPTEMBER 02, 2020

**Affidavit for Correction**

02/22/2021 02:21 PM Page 5 of 6

P.O. Box 47814  
Olympia, WA 98504-7814  
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
<b>Required information must match current information on record</b>				
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				
Telephone Number: ( )		Email Address:		

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
8.	9.
10.	11.
12.	13.

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.****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.
  - Proof documentation must be five or more years old or established within five years of birth.
  - This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
- Child under 18**
- If legal guardian(s), include certified court order proving guardianship.
  - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
  - To correct the sex of the child, one proof documentation 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 proof documentation are required.
  - If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
  - To correct parent's birth date, place of birth, or name, one proof documentation is required.
- \*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.

**Death Certificates**

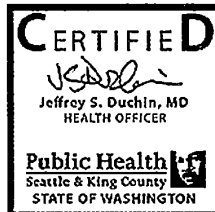
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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



0 4 2 7 3 0 6 8