

Return Address:

Margaret H. Reed
2929 1st Avenue, Unit 517
Seattle, WA 98121

Order Number: 01-183839-OE

State of Washington

County of Skagit

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Christina C. Reed, Katherine R. Carlyle, Margaret H. Reed, and Barbara G. Hill, 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: **Lincoln Yuille Reed**
3. The decedent died on **September 27, 2010** (date) at Horizon House, Skilled Nursing Facility, Seattle (City), King (County), WA (State).
4. Our relationship to the decedent is as follows: Daughters
5. We are the rightful heirs to the property described herein.
6. _____ Decedent left no last Will; or X Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as:

Abbreviated legal:

Lot 1, SP # 95-016 AFN 9510050009 (N 1/2 NW 1/4 Sec 23-33N-R3 E. W.M.)

Tax ID Number: P16027

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
Christina C. Reed	78	Daughter
Full Name	Age	Relationship
Katherine R. Carlyle	76	Daughter

Full Name	Age	Relationship
Margaret H. Reed		Daughter
Full Name	Age	Relationship
Barbara G. Hill	70	Daughter

DATED this 9 day of April, 2021.

Margaret H. Reed
Margaret H. Reed

16422 Fir Island Rd.

Mt. Vernon WA 98273
Address

State of: WA.

County of: S King

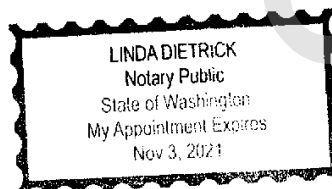
I certify that I know or have satisfactory evidence that Margaret H. Reed is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 4/9/2021 Linda Dietrick
Signature

Notary Public
Title

My appointment expires: 11/03/2021

Seal or Stamp



Christina C. Reed

2929 1st Ave #517
Seattle, WA 98121

Address

State of: WA

County of: King

I certify that I know or have satisfactory evidence that Christina C. Reed is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 4/12/21

[Signature]
Signature

Notary
Title

My appointment expires: 04/30/23



Katherine F. Carlyle
Katherine F. Carlyle

1422 Olive St
Walla Walla, WA 99362
Address

State of: Washington

County of: Walla Walla

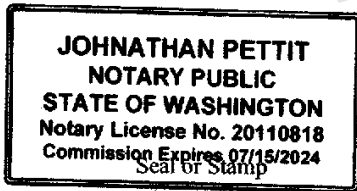
I certify that I know or have satisfactory evidence that Katherine F. Carlyle is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: April 10, 2021

[Signature]
Signature

Notary Public
Title

My appointment expires: 07-15-2024



Barbara G. Hill

Barbara G. Hill

6450 Carleton Ave S.
Sea WA 98108

Address

State of: WA

County of: King

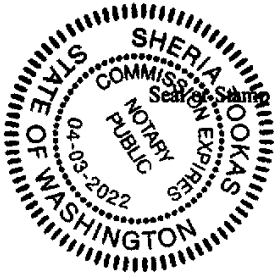
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 04/20/2021

Signature

Title

My appointment expires: 04/23/2022



**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE**

Local File Number **9304** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Lincoln Yuille Reed		2. Death Photo or	
3. Sex (M/F) Male	4a. Age - Last Birthday 89	4b. Under 1 Year Months Days Four	4c. Under 1 Day Hours Minutes
5. Social Security Number 	6. County of Death King		
7. Birthdate 	8a. Birthplace (City, Town, or County) Boston	8b. (State or Foreign Country) Massachusetts	8. Decedent's Education Doctorate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No		11. Decedent's Race(s) White	
12. Was Decedent ever in U.S. Armed Forces? no			
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 900 University St.		13b. City or Town Seattle	
13c. Residence: County King	13d. Tribal Reservation Name (if applicable) 	13e. State or Foreign Country WA	13f. Zip Code + 4 98101
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence 7 years	15. Marital Status at Time of Death Widowed	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) 	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Minister		18. Kind of Business/Industry (Do not use Company Name) Congregational Church	
19. Father's Name (First, Middle, Last, Suffix) Harry H. Reed		20. Mother's Name Before First Marriage (First, Middle, Last) Willena	
21. Informant's Name Christina Reed	22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2929 1st Ave #517 Seattle, WA 98121	
24. Place of Death, if Death Occurred in a Hospital Skilled Nursing Facility			
25. Facility Name (If not a facility, give number & street or location) Horizon House		26a. City, Town, or Location of Death Seattle	26b. State WA
26c. Zip Code 98101			
27. Method of Disposition Cremation	28. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Service		29. Location-City/Town, and State Kent, WA
30. Name and Complete Address of Funeral Facility People's Memorial Funeral Coop 1801 12th Ave Ste A, Seattle WA 98122		31. Date of Disposition 9/30/2010	
32. Funeral Director Signature X Nora Menkin			
33. Cause of Death (See instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. Septic Pneumonia			
34. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Septic Due to (or as a consequence of) Pneumonia Interval between Onset & Death			
35. Underlying Cause (Disease or injury that initiated the events resulting in death) LAST Due to (or as a consequence of) Pneumonia Interval between Onset & Death			
36. Other significant conditions contributing to death but not resulting in the underlying cause given above metastatic prostate CA, dementia			
37. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
39. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/yyyy) 	42. Hour of Injury (24hrs) 	43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area) 	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4			
46. Describe how injury occurred 			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician (If the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated) Dr. Lee Burnside 1100 9th Ave Seattle, WA 98101		48b. Medical Examiner/Coroner (On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated) 	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Lee Burnside 1100 9th Ave Seattle, WA 98101		50. Hour of Death (24hrs) 05:10	
51. Name and Title of Attending Physician (If other than Certifier) (Type or Print) 		52. Date Signed (mm/yyyy) 9/21/10	
53. Title of Certifier MD	54. License Number 	55. ME/Coroner File Number 	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature 		58. Date Received (mm/yyyy) SEP 29 2010	
59. Amendments 			

DOH 01-003 (5/99)



Affidavit for Correction

Center for Health Statistics
400 3rd Street
Olympia, WA 98501-9799
(360) 320-4369

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
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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:

The Record now shows: _____ The True fact is: _____

6. _____ 7. _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ 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 one year 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:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true facts. 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.
- Proof must be five (5) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH.CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executor/administrator (if evidence containing such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- Personal facts (prior spelling changes in name, date of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (minister) or clerk of court (dissolution) must sign the affidavit.

DOH.CHS 005 (Rev. 9/2009)

Department of Public Health

David Flaxberg
Director of Public Health

TT00440253