

Return Address:

Kendrick Fung
12059 Jacqueline Dr
Burlington WA 98233



202104220052

04/22/2021 10:58 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kendrick Fung, being first duly sworn
Name of Affiant
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 Husband
Relationship to decedent
of Minta Marie Fung, who died on 3-31-2020
Decedent/Grantor *Date*
at Burlington Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

12059 Jacqueline Drive
Burlington, WA 98233
CEDAR Downs Lot 3 D-19

Record of Skagit County, Washington
LOT 3 'PLAT OF CEDARDOWN' AS per PLAT recorded in Volume 15 of
PLATS, Page 121 AND 122, Records of Skagit County Washington
SITuate in THE County of Skagit County, STATE of Washington

2021-1723
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

APR 22 2021

Amount Paid \$ 0
Skagit Co. Treasurer
By 108 Deputy

Assessor's Property Tax Parcel/Account Number: 104897
(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)

Henriell Fung, 69, Husband
12059 Jacqueline Dr, Burlington, Wv 98233
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

Dated: 4-22-21

Henriell Fung
Affiant's full name

360-970-6624
Telephone number

12059 Jacqueline Drive

Burlington WA 98233
City State Zip Code

Henriell Fung
Signature

4-21-21
Date

State of Washington County of Skagit

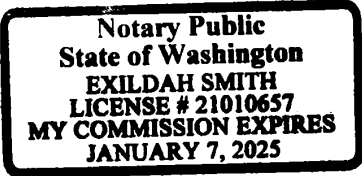
I know or have satisfactory evidence that Henriell Fung
(name of person)

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: 4 / 22 / 21

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Burlington

Notary Public in and for the State of WA

My appointment expires: 01 / 07 / 2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-014985

DATE ISSUED: 04/07/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MINTA MARIE

LAST NAME(S): FUNG

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 31, 2020

HOUR OF DEATH: 10:11 PM

SEX: FEMALE AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: FOLKSTONS, GA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KENDRICK FUNG

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: KENDRICK FUNG

RELATIONSHIP: HUSBAND

ADDRESS: 12059 JACQUELINE DRIVE BURLINGTON, WA 98233

CAUSE OF DEATH:

A: UROSEPSIS

INTERVAL: 5 DAYS

B: KLEBSIELLA AEROGES URINARY TRACT INFECTION

INTERVAL: 5 DAYS

C:

INTERVAL:

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: 12059 JACQUELINE DRIVE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 12059 JACQUELINE DRIVE

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: JAMES CREWS

MOTHER: MYRTIE LEE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 03, 2020

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES

ADDRESS: 281 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: THOMAS CUFLEY

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: ROGER P. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2116 EAST SECTION STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: APRIL 02, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: APRIL 03, 2020



Affidavit for Correction

04/22/2021 10:58 AM Page 5 of 5
Washington State Department of Health
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
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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: MM/DD/YYYY 3. Place of Event: City and County

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital Person on Record: Parent(s) Funeral Director 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:

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: Printed name: Date: 16b. Signature of 2nd parent (if required): 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 using this form, 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). 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 January 2015



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

CERTIFIED

APR 07 2020

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



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