



202105060109

05/06/2021 02:26 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee William R Sloan, 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 Husband

Relationship to decedent

of Virginia D Sloan, who died on 10/27/2011

Decedent/Grantor

Date

at Bellingham

Whatcom

Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 11, Gilkey's Addition to Burlington, as per plat recorded in Volume 7 of Plats,
page 29, records of Skagit County, Washington.

2021-2020
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

MAY 06 2021

Amount Paid \$
Skagit Co. Treasurer
By Deputy

Assessor's Property Tax Parcel/Account Number: P72556
(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)

(Page 1 of 3)

Lisa J Cure, Daughter, 52

2623 N 27th Street, Mt. Vernon, WA 98273

Full name, age, relationship, address

Jennifer J Lind, Daughter, 49

5819 Hobson Road, Bow, WA 98232

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

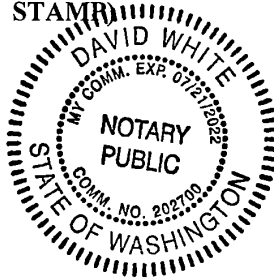
Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

William R Sloan*Affiant's full name**Telephone number*1107 S Spruce StreetBurlington*City*wa
Street
*State*98233*Zip Code*X. William R. Sloan
*Signature*4-29-21
*Date*State of Washington County of SkagitI know or have satisfactory evidence that William R Sloan
(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: 4/29/2021[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: BurlingtonNotary Public in and for the State of WAMy appointment expires: 7/22-21

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1202		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Virginia Diane Sloan			2. Death Date Oct. 27, 2011		
3. Sex (M/F) Female	4a. Age - Last Birthday 64	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. County of Death Whatcom	
6a. Birthplace (City, Town, or County) Shelton		6b. (State or Foreign Country) Washington		9. Decedent's Education Some College Credit but no degree	
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.) 1107 South Spruce Street			13b. City or Town Burlington		
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip Code + 4 98233	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 42 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) William R. Sloan	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Bookkeeper			18. Kind of Business/Industry (Do not use Company Name) Healthcare		
19. Father's Name (First, Middle, Last, Suffix) Ralph C. Welton			20. Mother's Name Before Marriage (First, Middle, Last) Phoebe V. [redacted]		
21. Informant's Name William R. Sloan		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1107 S. Spruce St., Burlington, WA 98233		
24. Place of Death, if Death Occurred in a Hospital. Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: N/A		
25. Facility Name (If not a facility, give number & street or location) St. Joseph Hospital			26a. City, Town, or Location of Death Bellingham	26b. State WA	27. Zip Code 98225
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Kern Funeral Chapel, 1122 S. Third St., Mount Vernon, WA 98273					32. Date of Disposition Nov. 2, 2011
33. Funeral Director Signature X Sigurd O. Aase Sigurd O. Aase					
34. 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac Arrest Interval between Onset & Death Immediate					
Due to (or as a consequence of) b. Acute Myocardial Infarction Interval between Onset & Death 2 days					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. Coronary Artery Disease Interval between Onset & Death 6 mo					
Due to (or as a consequence of) d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/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. City or Town: _____ County: _____ State: _____ Zip Code + 4: _____			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
46. Describe how injury occurred			48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X Alan J. Shyman		
48b. Medical Examiner/Coroner - On the basis of examination and/or investigation and my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated. X			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Alan J. Shyman, M.D., 2979 Squallicum Pkwy, #101, Bellingham, WA 98225		
50. Hour of Death (24hrs) 0515			51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		
52. Date Signed (mm/dd/yyyy) Oct. 31, 2011			53. Title of Certifier Medical Doctor		
54. License Number 42064			55. ME/Coroner File Number		
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			57. Registrar Signature Gary [Signature]		
58. Date Received (mm/dd/yyyy) Nov. 1, 2011			59. Amendments		



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (6/10)

THIS STATE CERTIFICATE COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL



Affidavit for Correction

202105060109

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Record for Washington State
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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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.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
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 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

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 fact(s). 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 (or more) 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 executors/administrators (if evidence confirming 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 fact(s) (minor spelling changes in name, date or place 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 (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

NOV 03 2011

Greg Sten MD
Shastan County Health Department
Greg Sten M.D., Health Officer

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