

After recording, return to:
Frank G. Pattermann
32989 S Shore Dr
Mount Vernon, WA 98274

Grantor (Name of Decedent): CATHERINE PATTERMANN
Grantee (Heirs): FRANK G. PATTERMANN
Abbreviated Legal Description: Lot(s): 3, Lake Terrace
Tax Parcel No.(s): P81546 / 4404-000-003-0001

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, FRANK G. PATTERMANN, executes this affidavit relating to the estate of CATHERINE PATTERMANN (herein "Decedent"), who died on MARCH 22, 2018, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of MOUNT VERNON, County of SKAGIT, State of WASHINGTON.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
 the lawful surviving spouse of the Decedent
 Registered domestic partner of the Decedent
 Surviving child of the Decedent
 One (1) 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:) _____

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(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: FRANK G. PATTERMAN
Name and relationship: _____
Name and relationship: _____
Name and relationship: _____

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:

LOT 3, "LAKE TERRACE", AS PER PLAT RECORDED IN VOLUME 12 OF PLATS, PAGE 70,
RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

by Robert F. Patterman attorney in fact ~~for~~

Signature

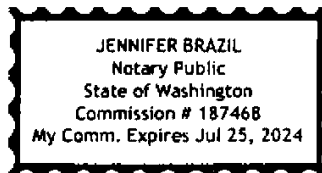
ROBERT F. PATTERMAN AIF for FRANK G. PATTERMAN

Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 5-6-2021 by Robert F. Patterman (name of person making statement).



Jennifer Brazil
Name: Jennifer Brazil
Notary Public in and for the State of Washington,
Residing at: Skagit County
My appointment expires: 7-25-2024

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-013521

DATE ISSUED: 03/27/2018
FEE NUMBER: 310318FIRST AND MIDDLE NAME(S): CATHERINE CECILIA
LAST NAME(S): PATTERMANNCOUNTY OF DEATH: KING
DATE OF DEATH: MARCH 22, 2018
HOUR OF DEATH: 12:09 AM
SEX: FEMALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: UNION CITY, NJMARITAL STATUS: MARRIED
SPOUSE: FRANK G PATTERMANNOCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: FRANK G PATTERMANN
RELATIONSHIP: SPOUSE
ADDRESS: 17398 LAKE TERRACE PL, MOUNT VERNON, WASHINGTONCAUSE OF DEATH:
A: SUBDURAL HEMATOMA
INTERVAL: HOURS
B: BLUNT FORCE HEAD INJURY
INTERVAL: HOURS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: BACTERIAL
BRONCHOPNEUMONIA; HYPERTENSIVE CARDIOVASCULAR DISEASEDATE OF INJURY: MARCH 21, 2018
HOUR OF INJURY: 11:30 PM
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENTS HOME

LOCATION OF INJURY: 17398 LAKE TERRACE PL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
COUNTY: SKAGITDESCRIBE HOW INJURY OCCURRED: FALL WHILE TRANSFERRING FROM
WHEELCHAIR TO CHAIR

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104RESIDENCE STREET: 17398 LAKE TERRACE PL
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8185
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARSFATHER/PARENT: FREDERICK DINKEL
MOTHER/PARENT: CATHERINE [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ARLINGTON CEMETERYCITY, STATE: ARLINGTON, WASHINGTON
DISPOSITION DATE: MARCH 31, 2018

FUNERAL FACILITY: WELLER FUNERAL HOME

ADDRESS: 327 N MACLEOD AVE
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223
FUNERAL DIRECTOR: KELCIE K. VALDERMANNER OF DEATH: ACCIDENT
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 RESPONSECERTIFIER NAME: MICHELINE LUBIN, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WA 98104
DATE SIGNED: MARCH 26, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 18-0623
ATTENDING PHYSICIAN: BRIAN MCGING, MDLOCAL DEPUTY REGISTRAR: RUTH ROBERSON
DATE RECEIVED: MARCH 26, 2018



Affidavit for Correction

05/06/2021 02:58 PM Page 4 of 4
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	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	
	7. Return Mailing Address:			
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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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, 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)

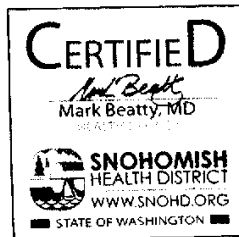
Death Certificates

- 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). 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.
- 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 October 2015



0 2 4 4 4 1 3 1

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