

Return Address:

Don A. Bird

5945 Campbell Lake Road

Anacortes, WA 98221

M10447

AFFIDAVIT (LACK OF PROBATE)The undersigned affiant/grantee Don Allan Bird, 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 the husband*Relationship to decedent*of Doris Elnora (Nemitz) Bird, who died on June 21, 2019*Decedent/Grantor**Date*at AnacortesSkagitWashington*City**County**State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lake Campbell To Ana Lts 1 To 24 Blk 29

Assessor's Property Tax Parcel/Account Number: 38420290240007 / P60761
(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)

Don Allan Bird, DOB: 6/27/1930, Husband

5945 Campbell Lk Rd, Anacortes, WA 98221

Full name, age, relationship, address

Michael Bird, DOB: 7/10/1955, So

3926 167th St NW, Stanwood, WA 98292

Full name, age, relationship, address

David Bird, DOB: 2/8/1962, Son

5321 130th PI NE, Marysville, WA 98271

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 : June 16, 2021Don Allan Bird

Affiant's full name

Telephone number

5945 Campbell Lk RdAnacortes

City

Washington

State

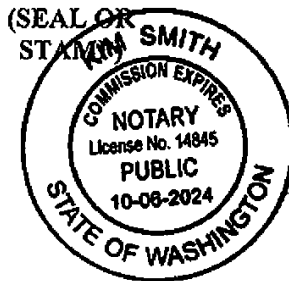
98221

Zip Code

X Don A Bird
SignatureX 6/16/21
DateState of Washington County of SkagitI know or have satisfactory evidence that Don Allan Bird

(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: 6/16/21Kern Smith
Signature of Notary PublicResiding at: MOUNT VERNONNotary Public in and for the State of WashingtonMy appointment expires: 10-6-2024

Dated : June 16, 2021Michael Bird

Affiant's full name

Telephone number

3926 167th St NWStanwood

City

Washington

State

98292

Zip Code

Michael Bird

Signature

6/16/21

Date

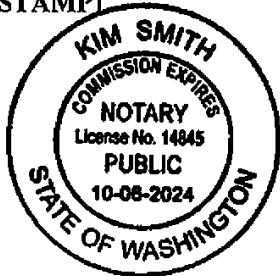
State of WashingtonCounty of SkagitI know or have satisfactory evidence that Michael Bird

(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: 6/16/21Kern Smith

Signature of Notary Public

(SEAL OR
STAMP)Residing at: Moleet VeenonNotary Public in and for the State of WashingtonMy appointment expires: 10-6-2024

Dated : June 16, 2021David Bird

Affiant's full name

Telephone number

5321 130th PI NEMarvsville

City

Washington

State

98271

Zip Code

X [Signature]

Signature

X 6-16-2021

Date

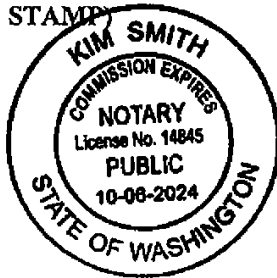
State of WashingtonCounty of SnohomishI know or have satisfactory evidence that David Bird

(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: 6/16/21Kim Smith

Signature of Notary Public

(SEAL OR
STAMP)Residing at: Mallet VernonNotary Public in and for the State of WashingtonMy appointment expires: 10-6-2024

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2019-028570 DATE ISSUED: 07/02/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DORIS ELMORA
LAST NAME(S): BIRD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 21, 2019
HOUR OF DEATH: 02:53 PM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [REDACTED]
BIRTH PLACE: HURON, SD

MARITAL STATUS: MARRIED
SPOUSE: DON ALLAN BIRD

OCCUPATION: BOOKKEEPER
INDUSTRY: ACCOUNTING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: DON BIRD
RELATIONSHIP: HUSBAND
ADDRESS: 5945 CAMPBELL LAKE ROAD, ANACORTES, WA 98221

CAUSE OF DEATH:
A. ACUTE RESPIRATORY FAILURE
INTERVAL: 1 DAY
B. ASPIRATION PNEUMONIA
INTERVAL: 2 DAYS
C. ESOPHAGEAL MASS
INTERVAL: SEVERAL WEEKS
D. LUNG MASSES
INTERVAL: SEVERAL MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH: SERIOUS SECONDARY TO PNEUMONIA

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: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5945 CAMPBELL LAKE ROAD
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER/PARENT: ROBERT HENRY NEMITZ
MOTHER/PARENT:

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 30, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOHN HAAS


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

DECEASED NAME: HELEN YOUNG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: JUNE 27, 2019

CASE REFERRED TO MEDICORNER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: HELEN YOUNG, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JUNE 28, 2019


NOT VALID IF PHOTOCOPIED OR ALTERED

 Affidavit for Correction This is a legal document. Complete in ink and do not alter.		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300		
State File Number	Fee Number	Initials	Date	Affidavit Number
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 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: PO Box or Street Address City State Zip				
Telephone Number:		Email Address:		
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:		16b. Signature of 2 nd parent (if required):		
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				
1. 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				
2. 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				
3. 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				
• 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.				
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				
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)				
Death Certificates				
1. 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.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
Marriage/Dissolution (Divorce) Certificates				
1. 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				
2. 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

CERTIFIED

JUL 02 2019


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

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


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