06/18/2021 03:37 PM Pages: 1 of 7 Fees: \$109.50

Skagit County Auditor, WA

Return Address:	
Don A. Bird	
5945 Campbell Lake Road	
Anacortes, WA 98221	

	M10447
AFFIDAVIT (LACK	OF PROBATE)
The undersigned affiant/grantee Don Allan Bird Name of A deposes and states as follows: That they are a rightful he	<u>*</u>
	on as noted on hons at law, to the real
property described below, and is son in law	Relationship to decedent
of Robert Henry Nemitz Decedent/Grantor	, who died on 2/22/2005
at Anacortes Skagit	<i>Date</i> Washington
City County	State
Abbreviated Legal Description: Lake Campbell To Ana Lts 1 To 24 Blk 29	
Assessor's Property Tax Parcel/Account Number: (Attach full legal description of the property)	38420290240007 / P60761
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 child, parents, brothers an Affiant hereby identifies all heirs at law of the decedent necessary)	d sisters of the decedent. : (use additional pages if
	(Page I of 3)

Doris Elnora (Nemitz) Bird, Deceased, Daughter
5945 Campbell Lk Rd, Anacortes, WA 98221
Full name, age, relationship, address Don Allan Bird, DOB: 6/27/1930, Son In Law/Husband of Doris (Nemitz) Bird
5945 Campbell Lk Rd, Anacortes, WA 98221
Full name, age, relationship, address Michael Bird, DOB: 7/10/1955, Grandson/Son of Doris (Nemitz) Bird
3926 167th St NW, Stanwood, WA 98292
Full name, age, relationship, address David Bird, DOB: 2/8/1962, Grandson/Son of Doris (Nemitz) Bird
5321 130th Pl 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

Dated : June <u>//</u> , 2021		
Don Allan Bird		
Affiant's full name		
Telephone number		
5945 Campbell Lk Rd		
Anacortes	Street Washington	98221
City	State	Zip Code
X Don a Bure Signature	l x	6/1/21
Signature		/ /Date
State of Washington	County	of Skagit
		——————————————————————————————————————
	Don Allan Bird	
I know or have satisfactory evidence that	Don Anan Bra	(name of person)
is the person who appeared before me, and affidavit and acknowledged it to be (his/he mentioned in this affidavit.	d said person acknowl	edged that (he/she) signed this
Dated: 6/16/21	Kim	Smito
(SEAL OR	Sign	nature of Notary Public
and the second		
STADAT) SMITH	Residing at: MOC	LET VELOWY)
SUNOTARY	Notary Public in an	d for the State of Washington
License No. 14845 PUBLIC	My appointment exp	ires: 10-6+2024
10-06-2024		
TOF WASHING		

Dated: June 16, 2021		
Michael Bird		
Affiant's full name		
Telephone number		
3926 167th St NW		
Stanwood	Street Washington	98292
City	State	Zip Code
Mille ARD	7	6/16/21
Signature	<u> </u>	Date
	193 294 9 HO NOOA 9 HO NOO 4 AA A A B B B L	######################################
Washington		Skoait
State of Washington	County	_{of} Skagit
I know or have satisfactory evidence that _	Michael Bird	
1 know of have sanstactory evidence that _	(r	name of person)
is the person who appeared before me, and		
affidavit and acknowledged it to be (his/he mentioned in this affidavit.	er) free and voluntary a	act for the uses and purposes
montoited in this arridavit.		
Dated: 6/16/21	Kem	Shuteto
	Sign	ature of Notary Public
(SEAL OR STAMP)		
KIM SMITH	Residing at:	heat Vernon
Constitution of the second	Notary Public in and	l for the State of Washington
LICERSE NO. 14845		
PUBLIC 10-08-2024 OF MASHING	My appointment expi	res: <u>10-16-20</u> 24
10-08-2024 OF WASHING!		
WASHIT		

Dated : <u>June 16</u> , 2021		·
David Bird		
Affiant's full name		
Telephone number		
5321 130th PI NE		
Marysville	Street Washington	98271
City /	State	Zip Code
X Mash	V	6-16 - 2021 Date
Signature		Date
		SKOJI +- of Snohomish
State of Washington	County	of Snoho mish
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is the person who appeared before me, a		
affidavit and acknowledged it to be (his/mentioned in this affidavit.	mer) free and voluntary a	act for the uses and purposes
5 Hz 21		
Dated: 6 16 121	Kom	ature of Notary Public
(SEAL OR	5.2.	
STAMP SMITH	Residing at:	LUT VERNOW
NOTARY	Notary Public in and	for the State of Washington
License No. 14845		
10-08-2024	My appointment expi	res: 10-1a-2024
TO WASHINGTO		
WASIN		

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	10. Was Decedent of Hispanic Origin	n? (Yes or No) If yes, specify.	wa 2nd. 11. Decedent's Rece(a)	Grade, No GED	12. Was Decedent over in U.S., Arred Forces? NO	
3	13a. Residence: Number and Street 5945 Campbell Lake 13c. Residence: County	Road	opticable) 13a. State or Foreign Country	13b. City or Town Amacontes 134. Zip Code + 4	13g. Inskie City (Jimilis?	
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		work done during most of working Bls. (0	OHOTUSE RETRED, 18. Kind of Business Indus Plumbing and H	eating		
	John Gottliebs Nemit 21. miorman's Name	22. Relationship to Deced	Sent 23. Mailing Address: Hamber and Servet or	First Marriage (First, Middle, Last		-
	Doris B. Bird 24 Place of Death, & Death Cocumed in a	Daughter Hospiel:	5945 Campbell Lake Rose	d Anacortes not Somewhere Other than a Hospit	WA 98221- ak	
25	25. Facility Name (tinota fecility, give n 5945 Campbell Lake R	Road	26a. City, Town, o	r Location of Death 266. Sta	98221	1
36	28. Method of Disposition Buzial 31. Name and Complete Address of	Fernhill Cometer	n (Name of correctory, committeey, other place)	30. Location-City/Town Anacoxites, War	and State shington of Disposition]
	Evans Funeral Chapel 33. Funeral Director Signature X	1105 32nd Street Ana	cortas, WA 98221-		5,2005	
	· ·	11 58 Ery Ch	110			
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State File Number State File Number State OFFICE USE ONLY Initiats Date Affidevit Number	Health	Affida	avit for C	orrec	tion	P.O	ntor for Hostin Statistics Box 9709
Use the social below for requesting any changes on the record. Record Type: Birth Death Memiage Dissolution 1. Name on record: 2. Date of Event: 3. Place of Event: (City or County) 1. Name on record: 2. Date of Event: 3. Place of Event: (City or County) 1. Name (For Birth): (Husband for Marriage or Dissolution) 1. Name (For Birth): (Husband for Marriage or Dissolution) 1. Name (For Birth): (Husband for Marriage or Dissolution) 1. Name (For Birth): (Hisband for Marriage or Dissolution) 1. The Record is Incorrect or Incomplete as follows: 1. The Record is Incorrect or Incomplete as follows: 1. The Record is Incorrect or Incomplete as follows: 1. The True fact is: 1. The Record Incorrect is: 1. The Record Incorrect is: 1. The State of the True fact is: 1. The State of the True fact is: 1. The State of the True fact is: 1.	My neutin	This is a legal Docur	nent. Compl	ete in ir	nk and do not	alter. (36)	mpia, WA 98507-9789 D) 236-4300
Record Type: Birth Desth Desth Rismriage Dissolution	State File Number	Fee Number		Initials	Date		Affidavit Number
1. Name on record: 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 Incorrecte as follows: 7. The True fact is: 7. The True fact is: 8. 9. 10. 11. 12. 13. 14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) 1 declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 15. Signature: 16. Date: 17. Acid ress: Al vital records are registered as received. An item may be changed by efficient only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within gar, 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 Record (D-214) Birth Record Marriage/Divorce Records Marriage/Divorce Records Marriage/Divorce Records Marriage/Divorce Records of the self-the self-the exhibit self-main to be Mary Ann Dec. Mary A. Dec or M. A. Dec deep not prove the name is Mary Ann Dec. Mary A. Dec or M. A. Dec deep not prove the name is Mary Ann Dec. Mary A. Dec or M. A. Dec deep not prove the name is Mary Ann Dec. Mary A. Dec or M. A. Dec deep not prove the name is Mary Ann Dec. A. Heart is the faction of the control 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 course from the self-mark provided present on the certificate or 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 course from the self-mark provided present on the certificate) or combination of the two. After age one, last name changes require a certified copy		Use the section below f	or requestin	g any c	hanges on the	record.	<u> </u>
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 now shows: 7. The True fact is: 8. 9. 10. 11. 12. 13. 14. I represent the person as: Self Parent Guerdian Gheer (Specify) 16. Date: 17. Address: 16. Date: 17. Address: 17. Address: 18. All what records are registered as received. An Item may be changed by affidant only once. Subsequent changes must be made by count order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy field of change. All what records are registered as received. An Item may be changed by affidant only once. Subsequent changes must be made by count order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy field of change. All otherges must be established by documentary proof submitted with the affidant. 18. Carryles of documentary proof. Certificate of Nutralazzation. Medical Record (D-214) and the affidant of the	Record Type: Dirth	☐ Deat	h		Marriage		☐ Dissolution
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14. I represent the person as: Self Parent Guardian Informant Telephone Number: Funeral Director Other (Specify) I declare under penalty of perjury under the laws of the State of Washington that the forgoing 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 neceive a replacement copy free of charge. All changes must be established by documentary proof submitted with the affidavit Examples of documentary proof. Certificate or Naturalization Medical Record Mittary Record (DP-214) Birth Record Birth Record Passport Alien Registration Card (if it boars an effective date) Birth Certificates: 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 2. The proof(s) must match exactly the asserted true facis(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. 3. Proof must be five (or more) years of or have been established within five years of birth. 4. Up to age one, the parent(s) or legal guardian may change the child's test name with an affidavit for correction, provided: 1. This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. 1. The new last name may be the mother's malden name or father's name (i	10.		11.				·
Funeral Director Other (Specify)	12.		13.		:	'	
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All changes must be established by documentary proof submitted with the affidavit Examples of documentary proof: Certificate of Naturalization Medical Record Mithary Record (DD-214) Brith Record Sinsurance Records Insurance Records Passport Medical Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back) 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, then the proof must show the name to be Mary Ann Doe, or or 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 malden 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: 1. Only the 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,	All vital records are registered as certificate must be returned within	received. An item may be change	d by affidavit on	ly once. S	Subsequent chang	es must be m	ade by court order. The incorrect
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CERTIFIED

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Skagit County Health Department MM00121165 Howard Leibrand M.D., Health Officer