

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 son in law*Relationship to decedent*of Robert Henry Nemitz, who died on 2/22/2005*Decedent/Grantor**Date*at Anacortes Skagit Washington*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)

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 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

Dated : June 16, 2021

Don Allan Bird

Affiant's full name

Telephone number

5945 Campbell Lk Rd

Anacortes

City

Street
Washington

State

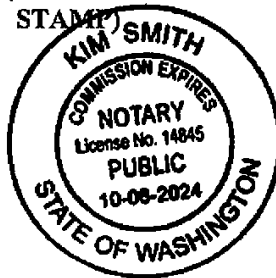
98221

Zip Code

X Don A. Bird
SignatureX 6/16/21
DateState of WashingtonCounty 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: 6/16/21Kim Smith
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mouet 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

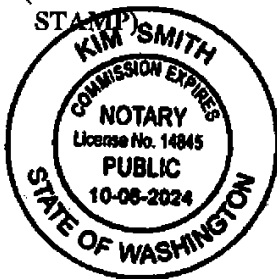
State of WashingtonCounty of SkagitI know or have satisfactory evidence that Michael Bird

(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: 6/16/21Kim Smith

Signature of Notary Public

(SEAL OR
STAMP)Residing at: MOLLY VERNONNotary Public in and for the State of WashingtonMy appointment expires: 10-16-2024

Dated : June 16, 2021

David Bird

Affiant's full name

Telephone number

5321 130th PI NE

Marysville

City

Street
Washington

State

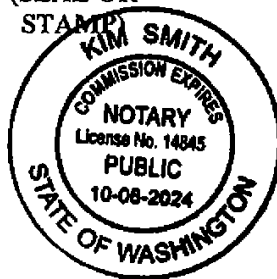
98271

Zip Code

X [Signature]
SignatureX 6-16-2021
DateState 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: 6/16/21[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: MOLLY VERNONNotary Public in and for the State of WashingtonMy appointment expires: 10-6-2024

STATE OF WASHINGTON DEPARTMENT OF HEALTH									
Local File Number 156-05		Washington State Certificate of Death				State File Number			
1. Legal Name (include initials if any) - First Middle Last		2. Death Date		3. Sex (M/F)		4. Age - Last Birthday		5. Social Security Number	
Robert Henry NEH172		Feb 22, 2005		M		99		XXXXXX	
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. State or Foreign Country		8c. Decedent's Education		8d. County of Death	
Oct 27, 1905		Charter Oak		Iowa		2nd Grade, No GED		Skegitt	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No					
No		White		No					
13a. Residence: Number and Street (e.g., 624 SE 4th St.) (Include Apt. No.)		13b. City or Town		13c. State or Foreign Country		13d. Zip Code + 4		13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
5945 Campbell Lake Road		Anacortes		Washington		98221			
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)					
35y		Widowed							
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retired.) 18. Kind of Business/Industry (Do not use Company Name)		19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)					
Commercial Plumber		Plumbing and Heating		John Gottlieb Nemits					
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip					
Doris E. Bird		Daughter		5945 Campbell Lake Road Anacortes WA 98221					
24. Place of Death, if Death Occurred in a Hospital		25. Facility Name (if not a facility, give number & street or location)		26. City, Town, or Location of Death		27. State		28. Zip Code	
Decedent's Residence		5945 Campbell Lake Road		Anacortes		WA		98221	
29. Method of Disposition		30. Place of Final Disposition (Name of cemetery, crematory, other place)		31. Location-City/Town, and State					
Burial		Fernhill Cemetery		Anacortes, Washington					
32. Name and Complete Address of Funeral Facility		33. Funeral Director Signature X		34. Date of Disposition					
Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221		[Signature]		Mar 5, 2005					
35. 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) <u>Myocardial Failure</u> Interval between Onset & Death <u>MINUTES</u>									
Due to (or as a consequence of): <u>Cardiac ARREST</u> Interval between Onset & Death <u>MINUTES</u>									
Sequitely 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									
Due to (or as a consequence of):									
Interval between Onset & Death									
36. Other significant conditions contributing to death but not resulting in the underlying cause given above									
37. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
38. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
39. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending									
40. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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									
41. Date of Injury (mm/yyyy)									
42. Hour of Injury (24hr)									
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)									
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
45. Location of Injury: Number & Street, Apt. No., City or Town, State, Zip Code + 4									
46. Describe how injury occurred									
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)									
48a. Certifying Physician (Indicate type of professional or health care provider and manner of death. Place and date of the certificate and manner of death.)									
48b. Medical Examiner/Coroner - (Indicate type of professional and investigation, in my opinion, death occurred at the time, date, and place, and cause of death.)									
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)									
James Ostlund, M.D. 1119 - 11th Street, Anacortes, WA 98221									
50. Hour of Death (24hr)									
09:40 AM									
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)									
52. Date Signed (mm/yyyy)									
2/26/2005									
53. Title of Certifier									
MD									
54. License Number									
WA0005884									
55. ME/Coroner File Number									
NJA# 051									
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
57. Registrar Signature <u>Dorothy Epps</u>									
58. Date Received (mm/yyyy)									
FEB. 28, 2005									
59. Amendments									



DOHCHS 003 Rev 2/08/2004

DOH-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN THE OFFICE OF THE STATE ARCHIVIST. COPIES OF THIS RECORD MAY BE OBTAINED FROM THE ARCHIVIST.



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number												
Use the section below for requesting any changes on the record.																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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:																
6. The Record now shows:		7. The True fact is:														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:													
<p>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 <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	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	
Certificate of Naturalization	Medical Record	School Record														
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															
<p>Birth Certificates:</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> - 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) 																
<p>Death Certificates:</p> <ol style="list-style-type: none"> 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. 																
<p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> 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. 																

DOH/CHS 023 (Rev. 8/2002)

CERTIFIED

MAR 01 2005

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