

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:

(6.2100 Ac) The North 300 Feet Of Government Lot 8, Section 32, Township 33
North, Range 10 East, W.M., Survey
Recorded Aff#200411220020.

Assessor's Property Tax Parcel/Account Number: 33103200090002 / P18874
(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

Dated : June 16, 2021

Don Allan Bird

Affiant's full name

Telephone number
5945 Campbell Lk Rd

Anacortes Washington 98221
City State Zip Code

x Don A Bird 6-16-21
Signature Date

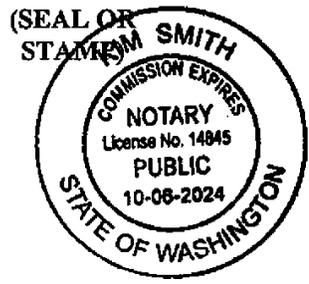
State of Washington County of Skagit

I 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: 6/16/21

Kern Smith
Signature of Notary Public



Residing at: MOUNT VEERWA

Notary Public in and for the State of Washington

My appointment expires: 10-6-2024

Dated : June 16, 2021

Michael Bird

Affiant's full name

Telephone number
3926 167th St NW

<u>Stanwood</u>	<u>Washington</u>	<u>98292</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<u><i>Michael Bird</i></u>		<u><i>6/16/21</i></u>
<i>Signature</i>		<i>Date</i>

State of Washington County of Skagit

I 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: 6/16/21

Kim Smith
Signature of Notary Public



Residing at: MOULT VERNON

Notary Public in and for the State of Washington

My appointment expires: 10-6-2024

Dated : June 16, 2021

David Bird

Affiant's full name

Telephone number

5321 130th PI NE

Marvsville Washington 98271
City State Zip Code

X *David Bird* X 6-16-2021
Signature Date

State of Washington County of Snohomish *Skagit*

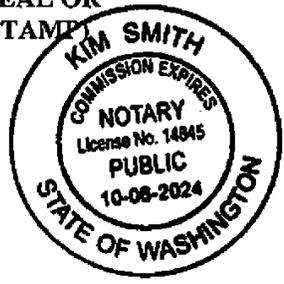
I know or have satisfactory evidence that David Bird
(name of person)

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

Kim Smith
Signature of Notary Public

(SEAL OR STAMP)



Residing at: MOUNT VERNON

Notary Public in and for the State of Washington

My 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 Robert Henry NEHITZ		2. Death Date FEB 22, 2005	
3. Sex (M/F) M	4a. Age - Last Birthday 99	4b. Under 1 Year Months 0	4c. Under 1 Day Days 0
7. Birthdate Oct 27, 1905		8a. Birthplace (City, Town, or County) Charter Oak Iowa	8b. Decedent's Education 2nd Grade, No GED
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s) White	12. Was Decedent over 18 U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 4 th St.) (Include Apt. No.) 5945 Campbell Lake Road		13b. City or Town Anacortes	13c. State and Foreign Country Washington
13d. Tribal Reservation Name (If applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 35y	16. Marital Status at Time of Death Widowed	18. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use acronym. Do not use industry (Do as use Company Name) Commercial Plumber		18. Kind of Business/Industry (Do as use Company Name) Plumbing and Heating	
19. Father's Name (First, Middle, Last, Suffix) John Gottlieb Nemits		20. Mother's Name Before First Marriage (First, Middle, Last)	
21. Informant's Name Doris E. Bird	22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 5945 Campbell Lake Road Anacortes WA 98221-	
24. Place of Death, if Death Occurred in a Hospital:		25. Place of Death, if Death Occurred Somewhere Other than a Hospital Decedent's Residence	
25. Facility Name (if not a facility, give number & street or location) 5945 Campbell Lake Road		26a. City, Town, or Location of Death Anacortes	26b. State WA
26. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fernhill Cemetery	30. Local - City/Town, and State Anacortes, Washington
27. Name and Complete Address of Funeral Facility Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-		32. Date of Disposition Mar 5, 2005	
33. Funeral Director Signature <i>[Signature]</i>			
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)		Interval between Onset & Death MINUTES	
Myocardial Failure			
Due to (or as a consequence of):		Interval between Onset & Death MINUTES	
Cardiac ARREST			
Due to (or as a consequence of):		Interval between Onset & Death	
a.			
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"/> Poisoning		39. 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"/> 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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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"/> Unk		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 (Type of title, specialty, hospital or clinic, or other facility, and manner of death) <i>[Signature]</i>		48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and place of occurrence, as indicated.	
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 <i>[Signature]</i>		58. Date Received (mm/yyyy) FEB. 28, 2005	
59. Amendments			



DOHWCHS 003 Rev 2/08/2004

DCH01-001 (8/8)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN THE STATE OF WASHINGTON. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DEPARTMENT OF HEALTH.



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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
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:	

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 receive a replacement copy free of charge.

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

Examples of documentary proof: 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

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.

DOH/CHS 023 (Rev. 6/2002)

CERTIFIED

MAR 01 2005

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