

After recording, return to:  
Myrtle I. Syverson  
1501 Collins Rd 600  
Sedro Woolley, WA 98284

CHICAGO TITLE  
620048915

Grantor (Name of Decedent): Wesley K. Syverson  
Grantee (Heirs): Myrtle I. Syverson  
Abbreviated Legal Description: Lot(s): 15 and 16, Block: 17, Plat of the town of Sedro  
Tax Parcel No.(s): P75485 / 4149-017-016-0000

### 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, Myrtle I. Syverson, executes this affidavit relating to the estate of Wesley K. Syverson (herein "Decedent"), who died on October 14, 2003 in the County of Whatcom, State of Washington, then being a resident of the City of Sedro Woolley 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): \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (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: Myrtle I. Syverson, spouse

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:

Lots 15 and 16, Block 17, "PLAT OF THE TOWN OF SEDRO", according to the plat recorded in Volume 1 of Plats, page 17, records of Skagit county, Washington.

Situated in Skagit County, 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.

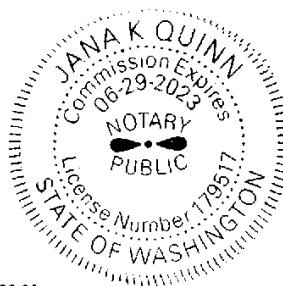
Myrtle I. Syverson  
 Signature

Myrtle I. Syverson  
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on September 01, 2021 by Myrtle I. Syverson  
 (name of person making statement)



Janak Quinn  
 Name: Janak Quinn  
 Notary Public in and for the State of Washington,  
 Residing at: Arlington  
 My appointment expires: 06/29/2023

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

LOCAL FILE NUMBER

1. NAME First: <b>WESLEY</b> Middle: <b>KENNETH</b> Last: <b>SYVERSON</b>				2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo., Day, Yr) <b>October 14, 2003</b>	
4. AGE LAST BIRTH DAY (Yrs) <b>78</b>		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTH DATE (Mo., Day, Yr)	
8. BIRTH PLACE (City, State or Foreign Country) <b>Pillsbury, ND</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		10. COUNTY OF DEATH <b>Whatcom</b>			
11. CITY, TOWN OR LOCATION OF DEATH <b>Bellingham</b>				12. PLACE OF DEATH — <input type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMOUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>St. Joseph's Hospital</b>			
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>				14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>			
15. SURVIVING SPOUSE (If wife, give maiden name) <b>Myrtle Ione Stevens</b>				16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Laborer</b>				19. KIND OF BUSINESS OR INDUSTRY <b>Heavy Construction</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	
21. RACE (Specify) <b>Caucasian</b>				22. RESIDENCE — NUMBER AND STREET <b>720 Fidalgo St</b>			
23. CITY/TOWN OR LOCATION <b>Sedro-Woolley</b>				24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25. COUNTY <b>Skagit</b>	
26. LENGTH OF RES. IN CO. <b>51 yrs</b>				27. STATE <b>WA</b>		28. ZIP CODE <b>98284</b>	
29. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Knute Syverson</b>				30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Mary Evelyn [REDACTED]</b>			
31. INFORMANT — NAME <b>Myrtle I. Syverson</b>				32. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>720 Fidalgo St Sedro-Woolley, WA 98284</b>			
33. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>				34. DATE (Mo., Day, Yr) <b>Oct 15, 2003</b>		35. CEMETERY/CREMATORY — NAME <b>Mount Vernon Crematory</b>	
36. LOCATION — CITY/TOWN, STATE <b>Mount Vernon, WA</b>				37. ADDRESS OF FACILITY <b>1008 Third St. Sedro-Woolley, WA 98284</b>			
38. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>				39. NAME OF FACILITY <b>Lemley Chapel</b>			
40. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>[Signature]</b> 40. DATE SIGNED (Mo., Day, Yr) <b>10/14/03</b> 41. HOUR OF DEATH (24 Hrs.) <b>0905</b> 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Roland Trenouth, M.D.</b>				43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>[Signature]</b> 44. DATE SIGNED (Mo., Day, Yr) <b>10/14/03</b> 45. HOUR OF DEATH (24 Hrs.) <b>0905</b> 46. PRONOUNCED DEAD (Mo., Day, Yr) <b>10/14/03</b> 47. HOUR PRONOUNCED DEAD (24 Hrs.) <b>0905</b> 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Roland Trenouth, M.D. 3149 Ellis St., Bellingham, WA 98225</b>			
49. ME/CORONER FILE NUMBER				50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.				A. <b>Myocardial infarction</b> DUE TO, OR AS A CONSEQUENCE OF: B. <b>Coronary artery disease</b> DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D.			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:				52. AUTOPSY? (Yes / No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. SIGNATURE <b>[Signature]</b>		63. DATE RECEIVED (Mo., Day, Yr) <b>OCT 15 2003</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH.01-003 (5/98)



# 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  
Hospital Records  
Insurance Records  
Marriage/Divorce Records

Medical Record  
Military Record (DD-214)  
Birth Record  
Passport

School 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.
- 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.

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