09/03/2021 11:19 AM Pages: 1 of 4 Fees: \$206.50

Skagit County Auditor, WA

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): Murtle I Sullerson  |
| 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 WUShinaton  |
| COUNTY OF SKAGIL   |
| The undersigned, Murtle IS yverson, executes this affidavit relating to the estate of 10 estey K Syverson (herein "Decedent"), who died on October 14, 2003 in the County of 10 metros of State of Unshing ton, then being a resident of the City of Search County of Skaait, State of Unshing ton (A copy of the death certificate is attached hereto.) |
| The undersigned, being first duly sworn, on oath deposes and says:   |
| <ol> <li>This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the<br/>property described below.</li> </ol>   |
| 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:)  |
|  |

Affidavit (Lack of Probate) WA0000080.doc / Updated: 04.28.20

Printed: 08.18.21 @ 10:17 AM by JR WA-CT-FNRV-02150.620019-620048915

## INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership) (continued)

| <u>Na</u>       | mes 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: INVITIE I. SYVERSON, Spouse   |
|                 | Name and relationship:   |
|                 | Name and relationship:   |
|                 | Name and relationship:   |
| De              | escription 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.   |
| <u>Y</u> ,      | Molding Liquisian Signature  |
| <u>J</u><br>Pri | Murtle I Syverson  |
|                 | ate of Washington punty of SLAAL   |
| Sig             | gned and swom to (or affirmed) before me on Subtember 01 2021 by   |
| _1              | Nurtle I. Syverson (name of person making statement).  |
|                 | <u> auaktuu</u>  |
|                 | Name: Tanak Quinn  |
|                 | Notary Aublic in and for the State of Washington, Residing at:   |
|                 |  |
|                 |  |
|                 | My appointment expires:  |
|                 | Number No.   |
|                 | davit (Lack of Probate)  Printed: 08.18.21 @ 10:17 AM by JR  |
| w△              | 0000080 doc / Indated: 04 28 20 WA CT ENDV 0350 520040 520049046   |

Affidavit (Lack of Probate) WA0000080.doc / Updated: 04.28.20

Printed: 08.18.21 @ 10:17 AM by JR WA-CT-FNRV-02150.620019-620048915

| Bellingham  1s. SURVIVENS (Me. Sp. Joseph's Hospital  1s. MARTALEATURE—Burnets  No  1s. SURVIVENS (Me. Me. special marter)  1s. SURVIVENS (Me. Me. special marter)  1s. SURVIVENS (Me. Me. special marter)  Myrtle Ione Stevens  Myrtle Ione Stevens  1s. Survivens Species (Me. Me. special marter)  1s. Survivens Species (Me. Special marter)  1s. Survivens Species (Me. Me. Special marter)  2s. Survivens Species (Me. Me. Special marter)  2s. Survivens Species (Me. Special marter)  2s. Survivens Special marter)  2s. Survivens Special marter)  2s. Su |   |  |   | 202109030047                                  |  |  |  |  |
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| LINIME PROJECT STATE SUBSTRICT SAME STATE SAME SAME SAME SAME SAME SAME SAME SAM  |   | 7 ( <b>4</b> 82) ( <b>(b</b> - <b>)</b> ( - <b>1</b> | >>><<   |   |  |  |  |  |
| LIMBE   PINE   Made   LAND     | COCAL SILE AN MARCE   | CEPTIEN  | CATE OF DEAT  | 146   | STATE FILE NUMBER  |  |  |  |
| WESLEY KENNETH SYVERSON Male October 14, 2003  10 GOV 1000 MO  |   |  |   |   | <u> </u>   |  |  |  |
| 4. DELETIFICATION OF CONTROL STATE OF CONTROL OF CONTRO |   |  |   |   | and the  |  |  |  |
| PITISURY, NO  12 PLACE OF CREATH—BROWN OF PLACE MADE AND CORPORATION TO PLACE IN THE CONTROL OF PLACE  | 4. AGE LAST BIRTH- S. UNDER 1 YEAR 6. UN                                      | DER 1 DAY 7. BIRTHDATE (Mo, Day, Yr)                 | 8. BIRTHPLACE<br>(City, State or Foreign Country)   | 9. WAS DECEDENT EVER<br>IN U.S. ARMED FORCES? | 10 COUNTY OF DEATH   |  |  |  |
| Bellincham  In Martin Charles - Marina  In Sulviving Spruch (in with, per madern marin)  Myrtle In Stevens  In Sulviving Spruch (in with per madern marin)  Myrtle In Stevens  In Sulviving Spruch (in with per madern marin)  Myrtle In Stevens  In Sulviving Spruch (in with per madern marin)  In Sulviving Spruch (in with per madern  | 78  |  | Pillsbury, ND<br>BOX FOR PLACE THEN GIVE ADDRESS OF | l Ves l                                       | 13. SMOKING IN LA  |  |  |  |
| TO SOCIAL DECLIFITY NO.  THE CONTROL (CONTROL OF NAME OF THE CONTROL OF THE CONTR | Dallingham  |  |   | S. [] NUR HOME   6. [] OTHER PLACE            |  |  |  |  |
| Myrtle Ione Stevens  In Dissu, Cockarton Goa Paris of Cockarton Goal Paris of  | 14. MARITAL STATUS - Married, 15. SURVI                                       |  |   | NO. 17. DECEDENT'S                            | EDUCATION  |  |  |  |
| The State of the Control of the Process of the Control of the Cont | Divorced (Specify)  | le Ione Stevens                                      |   |   |  |  |  |  |
| Laborer  22. RESERVE — HUMBER AND STREET  23. CHYTOTOMIC ORLOSATION  24. RESERVE — HUMBER AND STREET  25. CHYTOTOMIC ORLOSATION  26. RESERVE — HUMBER AND STREET  27. CHYTOTOMIC ORLOSATION  28. RESERVE — HUMBER AND STREET  29. RATHER STREET ORLOSALIST  KRULE SYVETSON  20. ROTHER STREET ORLOSALIST  KRULE SYVETSON  20. ROTHER STREET ORLOSALIST  KRULE SYVETSON  20. ROTHER ORLOSALIST  KRULE SYVETSON  20. ROTHER ORLOSALIST  KRULE SYVETSON  21. MALING ACCRESS  22. ROTHER ORLOSALIST  MOUTH VETTON CREMENTORY — NAME  24. ROTHER ORLOSALIST  25. ROTHER ORLOSALIST  26. ROTHER ORLOSALIST  27. FOREST ORLOSALIST  MOUTH VETTON CREMENTORY — NAME  27. FOREST ORLOSALIST  28. ROTHER ORLOSALIST  29. ROTHER ORLOSALIST  20. RO | 110.12 2 2 3 1  |  | 20. Was Decedent of Hisps                           | nic origin or descent? (Ancestry) (Speci      | y 21. RACE (Specify)   |  |  |  |
| 22. RESOURCE — MUMBER AND STREET  72. OF FIDE AND SECURITY  72. OF FIDE AND SECURITY  72. FATHER'S NAME — FRIST, MODE, LAST  **ENDING PROBLEMS**  **ENDING PROBLEMS**  **ENDING PROBLEMS**  **ENDING PROBLEMS**  **SURFICE OF |   | 110  | (Vac / Na) Coasi                                    | fv:   |  |  |  |  |
| 720 Fidalgo St  28. FATHER'S NAME - FRST, MODIE, LAST  29. MOTHER'S NAME - FRST, MODIE, MACE MADE SIVENAME  KRUILE Syverson  30. RECOMMIT - MANE  Myrtle I. Syerson  720 Fidalgo St Sedro-Woolley, WA 98284  7 |   | 23. CITY/TOWN, OR LOCATION                           | 24. INSIDE CITY 25A. COUNTY                         | 25B. LENGTH OF 26. STA                        |  |  |  |  |
| 29. FATHER'S NAME - FIRST, MODILE, LAST  Why the I. Systson  720 Fidalgo St Sedro-Woolley, WA 98284  32. REFINAL GREATER (Specify)  33. DATE (NA. Do., V)  34. CREMETER/CREMITORY - NAME  Myrtle I. Systson  720 Fidalgo St Sedro-Woolley, WA 98284  35. RANGEN, DESCROSS (SPECIFY)  36. CORMIT - WANTE (Specify)  37. NAME OF FACILITY  38. ADDRESS OF FACILITY  39. TO TIBE REMOVAL DEVELOPMENT OF THE MEDICAL EXAMINES OF COMMENT  40. DATE SIGNED No. Day, VI)  41. DATE SIGNED No. Day, VI)  42. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  43. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  44. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  45. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  47. LOCAR PROMOUNCED  48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  49. DATE SIGNED No. Day, VI)  40. DATE SIGNED No. Day, VI)  41. DATE SIGNED No. Day, VI)  42. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  45. NOTE SIGNED NO. Day, VI)  46. MARK AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  46. NOTE SIGNED NO. Day, VI)  47. DATE SIGNED NO. Day, VI)  48. NOTE OF COMMENT  49. DATE SIGNED NO. Day, VI)  49. DATE SIGNED NO. Day, VI)  40. DATE SIGNED NO. Day, VI)  40. DATE SIGNED NO. Day, VI)  41. DATE SIGNED NO. Day, VI)  42. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  45. NOTE OF COMMENT  46. MARK AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINES OF COMMENT  47. DATE SIGNED NO. Day, VI)  48. MORR OF CERTIFIER OR VI)  49. DATE SIGNED NO. Day, VI)  49. DATE SIGNED NO. Day, VI)  49. DATE SIGNED NO. Day, VI)  40. DATE SIGNED NO. Day, VI)  41. DATE SIGNED NO. DAY, VII)  42. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, ME | 720 Fidalgo St  | Sedro-Woolley  | (Yes / No)  | i I -   | WA 98284   |  |  |  |
| Mary Evelyn  SO. INFORMATIC HAME  SO. INFORMATIC HAME  SO. INFORMATIC HAME  MYTTLE I. Syerson  720 Fidalgo St Sedro-Woolley, WA 98284  P. ELIRAL, CIRBATON ST. D.  | · ·   | <u> </u>   |   |   | <u> </u>   |  |  |  |
| Myrtle I. Syerson  720 Fidalgo St Sedro-Woolley, WA 98284  2. DURINA, CREMATION STATE PROPERTY OF AN ADMINISTRATE (SEASON) St. DOCATION—CITY/TOWN, STATE PREMOVAL DEFINE (Season) St. DOCATION—CITY/TOWN, STATE PREMOVAL DEFINE (Season) St. DOCATION—CITY/TOWN, STATE PREMOVAL DEFINE (Season) St. DOCATION—CITY/TOWN, STATE STATE (Season) St. DOCATION—CITY/TOWN, STATE PROPERTY OF A CONSTRUCTION SOUTHWAY ST. DATE OF POLITY ST. DATE OF P | Knute Syverse   | OTT 31. MAILING ADDR                                 | Mary Eve  | CITY OR TOWN                                  | STATE Z#P  |  |  |  |
| BE QUINAL, CREMATION OCT 15, 2003 MOUNT VETTON CREMATORY - NAME REMOVAL DIPER (Specify)  OCT 15, 2003 MOUNT VETTON CREMATORY  S. NAME OF FACILITY  S. NAME OF FACILITY  S. NAME OF FACILITY  S. NAME OF FACILITY  TO BE COMPLETED ONLY BY GERTIFYEND PHYSICIAN  TO BE COMPLETED ONLY BY GERTIFYEND PHYSICIAN  TO THE PRIST OF MY KNOWLEDDE. DEATH OCCURBINATION AND PLACE  NO MYSIGHT OTHE CAUSE(S) STATED.  41. HOUR OF DEATH (24 Hts.)  40. DATE SIGNED (No. Day, Y)  41. HOUR OF DEATH (24 Hts.)  42. DATE SIGNED (No. Day, Y)  43. DATE SIGNED (No. Day, Y)  44. HOUR OF DEATH (24 Hts.)  45. HOUR OF DEATH (26 Hts.)  46. HOUR OF DEATH (26 Hts.)  50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  MAKE AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Print)  46. HOUR OF DEATH (24 Hts.)  50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  MAKE AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Print)  AND ADDRESS OF COMPLICATIONS WHICH CAUSED THE DEATH:  MAKE AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Print)  47. HOUR PROMOUNCED (26 Hts.)  59. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  MAKE AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Print)  AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Print)  48. HOUR OF DEATH (24 Hts.)  49. MECORONER FILE IN  DUE TO, OR AS A CONSEQUENCE OF:  C. DUE TO, OR AS A CONSEQUENCE OF:  C. DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CO |   | 720 Fid  |   |   | 4  |  |  |  |
| TO BE COMPLETED ONLY BY GERTHYTIMA PHYSICIAN  TO BE COMPLETED ONLY BY GERTHYTIMA PHYSICIAN  TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CONOMER  39. TO TYPE-DEST OF MY KINDONLEDGE, DEATH OCCURGING THE TIME, DATE AND PLACE AND WAS DIFE TO THE CAUSE(S) STATED.  39. AND WAS DIFE TO THE CAUSE(S) STATED.  39. AND WAS DIFE TO THE CAUSE(S) STATED.  40. DATE SIGNATURE AND TIME  41. HOUR OF DEATH (24 Hrs.)  10905  42. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  43. HOUR OF DEATH (24 Hrs.)  10905  44. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  45. HOUR OF DEATH (24 Hrs.)  10905  46. PRONOUNCED DEAD (Ms., Day, Yr)  47. HOUR OF DEATH (24 Hrs.)  48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  49. MECORONER FILE IN  ROLL STATE OR AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  49. MECORONER FILE IN  MEDICAL EXAMINER (Ms. Day, Yr)  40. MECORONER FILE IN  MEDICAL EXAMINER (Ms. DAY, Yr)  40. MECORONER FILE IN DEATH  ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  40. MECORONER FILE IN  MEDICAL EXAMINER (Ms. DAY, Yr)  41. HOUR OF RAJA ON SECURENCE OF:  BEATH  DUE TO, OR AS A CONSEQUENCE O | 32. BURIAL, CREMATION 33. DATE (Mo, Day, Y REMOVAL, OTHER (Specify)           | 34. CEMETERY/CREMATORY —                             | NAME  | 35. LOCATION — CITY/TOWN,                     | STATE  |  |  |  |
| TO BE COMPLETED ONLY BY MEDICAL EXAMINER ON CONOMER  39. TO THE HAST OF MY KNOWLEDGE, DEATH OCCURBING AT THE TIME, DATE AND PLACE AND WAS DIG TO THE CAUSE(S) STATED.  41. HOURS OF EXAMINATION AND/OR INVESTIGATION, IN INV CORNON DEATH OCCURBING AT THE TIME, DATE AND PLACE AND WAS OUR TO THE CAUSE(S) STATED.  51. AND AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Pint)  42. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Pint)  43. HOUR OF DEATH (24 Hrs.)  44. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Pint)  45. HOUR OF DEATH (24 Hrs.)  46. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Pint)  46. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR COROMER (Type or Pint)  57. ENTER THE DISCASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  58. ENTER THE DISCASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  59. ENTER THE DISCASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  50. ENTER THE MODE OF CITY OR AS A CONSEQUENCE OF:  50. CORRESPONDER MEDICAL EXAMINER OR COROMER (Type or Pint)  50. INTERVAL BETWEEN ONS DEATH  51. OTHER THE MODE OF AN A CONSEQUENCE OF:  51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:  50. CONDITIONS OF THE CAUSE OF THE |   | Crematory  | Mount Vernon 38. ADDRESS OF FACILITY                | , WA  |  |  |  |  |
| 39. TO THE PAST OF MY KNOWLEDGE, DEATHOCCURBERNT THE TIME, DATE AND PLACE AND YAS DIF TO THE CAUSE(S) STATED.  40. DATE SIGNED (Mo., Day, Y)  41. HOUR OF DEATH (24 Hrs.)  42. NAME AND TITLE OF ATTENDING PRYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  43. NAME AND TITLE OF ATTENDING PRYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  44. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  45. HOUR OF DEATH (24 Hrs.)  46. PRONOUNCED DEAD (Mo., Day, Y)  47. HOUR PRONOUNCED (24 Hrs.)  48. MECORONER FILE IN  ROLLING TERROR (Type or Print)  49. MECORONER FILE IN  MEDIATE CAUSE (Final decesso or consider resulting in death).  DO NOT ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  INTERVAL BETWEEN ONS DEATH  DEATH  ADDRESS OF CENTRY AS A CONSEQUENCE OF:  DO HOT ENTER THE MODE OF DAY AS A CONSEQUENCE OF:  NO EAST ACCUSIONER FINAL SETWEEN ONS DEATH  DO LOT ENTER THE MODE OF DAY AS A CONSEQUENCE OF:  NO EATH AUGUST ON TO THE AND TITLE AND TI | x Drund O. Cla  | Ao Lemley Chapel                                     | l 1008 Third St                                     | . Sedro-Woolle                                | y, WA 98284  |  |  |  |
| SIGNATURE AND TITLE  40. DATE SIGNED (Mo., Day, Yr)  41. HOUR OF DEATH (24 Hrs.)  42. NAME AND TITLE OF ATTENDING PRYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  43. HOUR OF DEATH (24 Hrs.)  44. DATE SIGNED (Mo., Day, Yr)  45. HOUR OF DEATH (24 Hrs.)  46. PRONOUNCED DEAD (Mo., Day, Yr)  47. HOUR PRONOUNCED (24 Hrs.)  48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  49. MECORONER FILE IN  ROLLING TERROR (Mo., Day, Yr)  41. HOUR OF DEATH (24 Hrs.)  44. DATE SIGNED (Mo., Day, Yr)  45. HOUR OF DEATH (24 Hrs.)  46. PRONOUNCED DEAD (Mo., Day, Yr)  47. HOUR PRONOUNCED (24 Hrs.)  47. HOUR PRONOUNCED (24 Hrs.)  48. MECORONER FILE IN  ROLLING TERROR (Mo., Day, Yr)  47. HOUR PRONOUNCED (24 Hrs.)  48. MECORONER FILE IN  ROLLING TERROR (Mo., Day, Yr)  49. MECORONER FILE IN  ROLLING TERROR (Mo., Day, Yr)  49. MECORONER FILE IN  ROLLING TERROR (Mo., Day, Yr)  40. DATE SIGNED (Mo., Day, Yr)  47. HOUR OF DEATH (24 Hrs.)  48. HOUR OF DEATH (Mo., Day, Yr)  49. PRONOUNCED DEAD (Mo., Day, Yr)  49. PRONOUNCED (Mo., Day, Yr)  49. PRONOUNCED (Mo., Day, Yr)  49. PRONOUNCED (Mo., Day, Yr)  |   |  |   |   | <del> </del>   |  |  |  |
| 40. DATE SIGNED (Mo., Day, Yr)  41. HOUR OF DEATH (24 Hrs.)  42. NAME AND TITTE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Typo or Pirit)  43. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Typo or Pirit)  44. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Typo or Pirit)  45. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Typo or Pirit)  46. PRONOUNCED DEAD (Mo., Day, Yr)  47. HOUR PRONOUNCED (24 Hrs.)  48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Typo or Pirit)  49. MECORONER FILE IN  MEDICAL SERIES (Final disease or condition sealing in death).  DO NOT ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  DO NOT ENTER THE MODE OF DYING, SUCH AS GRONDED OF HEATT ALURE LIST ONLY ONE CAUSE (Pinal disease or CAUSE (Disease or Heatt) A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  HOUR TO, OR AS A CONSEQUENCE OF:  HOUR WHICH INDURED (TYPO OR PIRIT)  DUE TO, OR AS A CONSEQUENCE OF:  HOUR OF HALT SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:  SO, DUE TO, OR AS A CONSEQUENCE OF:  HOUR OF HALT SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:  SO, DUE TO, OR AS A CONSEQUENCE OF:  HOUR WHICH IN THE WINDERLYING CAUSE GIVE ABOVE:  SO, AUTOPSY?  (Yes I No.)  NO  SO, MATCH STANDARD (PINAL SETWEEN ONS DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:  SO, AUTOPSY?  (Yes I No.)  NO  SO, MACCORDAND (PINAL SETWEEN ONS DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:  SO, AUTOPSY?  (Yes I No.)  NO  SO, AUTOPSY?  (Yes | (. <i>f</i> .   | 1  |   |   |  |  |  |  |
| 42. NAME AND TITTLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  49. MEJCORONER FILE IN  ROLand Trenouth, M.D. 3149 Ellis St., Bellingham, WA 98225  50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  INTERVAL BETWEEN ONS: DEATH  DUE TO, OR AS A CONSEQUENCE OF: DIVING, SUCH AS CARDIAC OR RESPRENTION ARPEST, SHOOK, OR RESPRENTION AREAST, SHOOK, OR CAUSE (Final disease or CONDITION, SUCH AS CARDIAC OR RESPRENTION AREAST, SHOOK, OR RESPRENTION AREAST, SHOOK, OR RESPRENTION AREAST, SHOOK, OR RESPRENTION RESPRENTION, IS AND CONTRIBUTIONS OF THE PRINTING CAUSE (Disease or INTERVAL BETWEEN ONS) DEATH  DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: PHYSING CAUSE (Disease or INTERVAL BETWEEN ONS) DEATH  TO THERE SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESUltING IN THE UNDERLYING CAUSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESUltING IN THE UNDERLYING CAUSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESUltING IN THE UNDERLYING CAUSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESUltING IN THE UNDERLYING CAUSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESUltING IN THE UNDERLYING CAUSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESUltING IN THE UNDERLYING CAUSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESUltING IN THE UNDERLYING CAUSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESUltING IN THE UNDERLYING CAUSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RESULTING IN THE UNDERLYING COURSE GIVE ABOVE:  ST. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTIONS TO DEATH BUT N | x Kalands   | Munid  | X   | . Wa  | Les uous se seatumit   |  |  |  |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  46. PRONOUNCED DEAD (Mo., Day, Yr)  47. HOUR PRONOUNCED (24 Mo.)  48. MECORONER FILE NO  49. MECORONER FILE NO  50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  INTERVAL BETWEEN CONSTORMED AS A CONSEQUENCE OF:  DO NOT ENTER THE MODE OF  DO NOT ENTER MODE OF  DO NOT ENTER THE MODE OF  DO NOT ENTER  |   |  | 44. DATE SIGNED (Mo., Day                           | r, Tr)  | 45. HOUR OF DEATH (24 F  |  |  |  |
| ROLAND Trenouth, M.D. 3149 Ellis St., Bellingham, WA 98225  50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:    MMEDIATE CAUSE (Final disease or condition resulting in death).   INTERVAL BETWEEN ONS: DEATH   12   |   |  | 46. PRONOUNCED DEAD (I                              | Ao., Day, Yr)                                 | 47. HOUR PRONOUNCED<br>(24 Hrs.)                                       |  |  |  |
| ROLAND Trenouth, M.D. 3149 Ellis St., Bellingham, WA 98225  50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:    MMEDIATE CAUSE (Final disease or condition resulting in death).   INTERVAL BETWEEN ONS: DEATH   12   | 44. NAME AND ADDRESS OF CERTIFIER PHYSICI                                     | AN, MEDICAL EXAMINER OR CORONER (Tw                  | pe or Printi  |   | 49. ME/CORONER EK E NE   |  |  |  |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  MMEDIATE CAUSE (Final disease or condition resulting in death)  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATIONY ARREST, SHOOK, OR REART FAILURE LIST ONLY ONE CAUSE ON EACH LINE.  So equendially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or luny) which initiated events resulting in death) LIST.  DIE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  |   |  |   | WA 98225                                      |  |  |  |  |
| DEATH  DEATH  DO NOT ENTER THE MODE OF DYING, SUCH AS CANDAC OR RESPRATORY ARREST, SHOOK, OR HEART FAILURE LIST ONLY ONE CAUSE ON EACH LINE.  So equendedly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or INDEATH)  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  OR PRIVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  OR PRIVAL BETWEEN ONS DEATH  SO ON OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  OR PRIVAL BETWEEN ONS DEATH  OR PRIVAL BETWEEN ONS DEATH  SO ON OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  OR PRIVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  OR PRIVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF:  INTERVAL BETWEEN ONS DEATH  OR PRIVAL BETWEEN ONS DEATH   |   | · · · · · · · · · · · · · · · · · · ·                |   |   |  |  |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  Sequendially list conditions, if any, leading to immediate cause. Enter UNDERLYTING CAUSE (Disease or lump which initiated events resulting in death) LST.  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, O |   | . o- h   | .1.0-   |   | INTERVAL BETWEEN ONS   |  |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  Sequendially list conditions, if any, leading to immediate cause. Enter UNDERLYTING CAUSE (Disease or Injury which initiated events resulting in death) LST.  DIE TO, OR AS A CONSEQUENCE OF:  DUE TO, |   | A CONSEQUENCE OF:                                    | marin   |   | INTERVAL BETWEEN ONS   |  |  |  |
| CAUSE ON EACH LINE. Soquendially ist conditions, if any, leading to immediate case. Enter UNDERLYING CAUSE (Disease or Injury which initiated events resulting in death). AST.  DIE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONS DEATH  DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONS DEATH  ON DEATH  Solution, if any, leading to immediate case. Enter UNDERLYING CAUSE (Disease or Injury which initiated events resulting in the underlying cause give above:  Solution, if any, leading to immediate case.  DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONS DEATH  ON DEATH  Solution, if any, leading to immediate case. Enter UNDERLYING CAUSE (Disease or Injury Mich initiated events resulting in death). INTERVAL BETWEEN ONS DEATH  ON DEATH  ON DEATH  ON DEATH  Solution, if any, leading to immediate case. Enter UNDERLYING CAUSE (DISEASE)  Solution, if any, leading to immediate case.  DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONS DEATH  ON | RESPIRATORY ARREST, SHOCK, OR B.  | io pronan  | tery dississes                                      |   | 1 20 410   |  |  |  |
| E leading to immediate cases. Enter UNDERLYING CAUSE (Disease or Injury witch initiated events resulting in death) LAST.  D. DIE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONS DEATH D. D. WAS CASE REFERRED TO MCDICAL EXAMINER OR CORONERS (Yes / No)  S1. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:  S2. AUTOPSY? (Yes / No)  NO CORONERS (Yes / No)  S4. ACC. SUICIDE, HOM, UNDET., OR PENDING INVEST. (Specify)  S5. INJURY DATE (Mo, Day, Yr)  S6. HOUR OF INJURY S7. DESCRIBE HOW INJURY OCCURRED:  S6. ACC. SUICIDE, HOM, UNDET., OR PENDING INVEST. (Specify)  | TO CAUSE ON EACH LINE.  S Sequentially list conditions, if any,               | AS A CONSECUENCE OF: U                               | J   |   | INTERVAL BETWEEN ONS   |  |  |  |
| In death) LAST.  D.  51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:  52. AUTOPSY? (Yes / No)  15. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONERS (Yes / No)  15. ACC. SUICIDE, HOM, UNDET., OR PENDING INVEST. (Specify)  54. ACC. SUICIDE, HOM, UNDET., OR PENDING INVEST. (Specify)  55. INJURY DATE (Mo, Day, Yr)  56. HOUR OF INJURY  57. DESCRIBE HOW INJURY OCCURRED:  | E leading to immediate cause. Enter UNDERLYING CAUSE (Disease or DUE TO, OR.) | AS A CONSEQUENCE OF:                                 | ·   |   | INTERVAL BETWEEN ONS   |  |  |  |
| S4. ACC. SUICIDE, HOM, UNDET, OR PENDING INVEST, (Specify)  85. INJURY DATE (Mo. Day, Yr)  86. HOUR OF INJURY  57. DESCRIBE HOW INJURY OCCURRED: (24 Mrs)  | in death) LAST. D.  |  |   |   |  |  |  |  |
| S4. ACC. SUICIDE, HOM, UNDET, OR PENDING INVEST, (Specify)  85. INJURY DATE (Mo. Day, Yr)  86. HOUR OF INJURY  57. DESCRIBE HOW INJURY OCCURRED: (24 Mrs)  | E   | NS CUNTRIBUTING TO DEATH BUT NOT RE                  | SULTING IN THE UNDERLYING CAUSE GA                  | (Yes / No)                                    | 53. WAS CASE REFERRED TO<br>MEDICAL EXAMINER OR<br>CORONER? (Yes / No) |  |  |  |
| STATE  | 54. ACC. SUICIDE, HOM., UNDET., 55. INJURY (<br>OR PENDING INVEST. (Specify)  | DATE (Mo, Day, Yr) 56. HOUR OF INJU                  | RY 57. DESCRIBE HOW INJURY OCC                      |   | 140  |  |  |  |
|  |   |  | SIMP  |   |  |  |  |  |

DATE

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

OCT 15 2003

DOH,01-003 (5/98)

63. DATE RECEIVED (Mo., Day, Yr)

## 202109030047

09/03/2021 11:19 AM Page 4 of 4
Center for Health Statistics
P.O. Box 9709
Olympia. WA 98507-9709
(960) 236-4300

## **Affidavit for Correction**

This is a legal Document. Complete in ink and do not alter.
STATE OFFICE USE ONLY

| State File Number   | Fee Number  | TATE OFFICE U  | Initials   | Date   |  | Affidavit Number   |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
| Use the section below for requesting any changes on the record.   |   |  |  |  |  |  |  |  |  |  |
| Record Type: Birth  | <u> </u>  | eath   | ∐ Ma   | rriage   |  | Dissolution  |  |  |  |  |
| 1. Name on record:  |   |  | 2. Date of   | Event:   | 3. Place o   | of Event: (City or County)   |  |  |  |  |
| 4. Father's Full Name (For I  | 3irth): (Husband for Marriage o   | or Dissolution) 5. M   | other's Fu   | II Name (For Bi  | rth): (Wife fo   | or Marriage or Dissolution)  |  |  |  |  |
|   |   | is Incorrect or Inc  | complete a   | ·  |  |  |  |  |  |  |
| 6.  | lecord now shows:   | 7.   |  | The  | True fact is:  |  |  |  |  |  |
| 8.  |   | 9.   |  |  |  |  |  |  |  |  |
| 10.   |   | 11.  |  | . وحد ر حد ر عد ر  |  | بچونده داد داد داد داد داد داد داد داد داد د   |  |  |  |  |
| 12.   |   | 13.  |  |  | ····   |  |  |  |  |  |
| 14. I represent the person  | as: Self Parent Funeral Director  | ☐ Guardian<br>☐ Other (Speci   | [] Infori<br>fy)   | mant   | Telephone  | Number:  |  |  |  |  |
| I declare under penalty of  | perjury under the laws of   |  |  | at the forgoing  | is true and  | d correct.   |  |  |  |  |
| 15. Signature:  | 16. Date:   | 17. Address:   |  |  |  |  |  |  |  |  |
| All vital records are registered as certificate must be returned with   |   |  |  |  | must be mad  | e by court order. The incorrect  |  |  |  |  |
| All changes must be established Examples of documentary proof   |   | Medical P  | ecord<br>cord (DD-21   | 4)   | effective date   | stration Card (if it bears an  |  |  |  |  |
| Birth Certificates:   |   |  |  |  |  |  |  |  |  |  |
| The proof(s) must match name to be Mary Ann Do     Proof must be five (or must be five or must be fiv | rdian (if the child is under 18), or<br>n exactly the asserted true fact(s)<br>pe. Mary A. Doe or M.A. Doe doe<br>ore) years old or have been esta<br>nt(s) or legal guardian may chan<br>change. Subsequent changes way be the mother's maiden name<br>he changes require a certified con<br>their child's first or middle name be<br>used to add a rather to a birth. | For example, if the iss not prove the name blished within five ye ge the child's last name if require a certified or father's name (if propy of a court ordered by completing and sign.) | efficavit says<br>e.s. Mary Anrats of birth.<br>ne with an af<br>copy of a cou<br>esent on the<br>name chang<br>ning an affida | the name is Mary<br>Doe.<br>fidavit for correct-<br>irt ordered name<br>certificate) or any<br>ge. Minor spelling<br>avit for correction | Ann Doe, the on, provided: change. combination changes mai (until their ch | en the proof must show the of the two.  y be made with an affidavit and tild's 18th birthday). |  |  |  |  |
| Death Certificates:   |   |  |  |  |  |  |  |  |  |  |
| information. 2. The medical information   | uneral director, or executors/adm<br>(cause of death) may be change<br>s from date of death please cons   | ed only by the certify:  | ng physician   | or the coroner/m   | edicâl examir  | ner.   |  |  |  |  |
| Marriage/Dissolution (Divorce) C  1. Personal fact(s) (minor s  | ertificates:<br>pelling changes in name, date o   | or place of birth or res   | idence) may  | be charged by a  | ffidavit (with r   | proof) by the person   |  |  |  |  |
|   | lace of marriage or dissolution, ti   |  |  |  |  |  |  |  |  |  |

2. To change th DOH/CHS 023 (Rev. 9/2002)

Wishington State Viction to

5 KK00484102