

Return Address:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
204117-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mona M. Myers, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of Terry L. Myers,
Relationship to decedent *Decedent/Grantor*

who died on October 22, 2016 at
Date

Anacortes Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lots 11 through 18, Blk 1511 Northern Pacific Addition to Anacortes

Assessor's Property Tax Parcel/Account Number: 3809-511-018-0003/P58453 and 3809-511-018-0100/P120130
(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)

Real Estate Excise Tax
Exempt

Skagit County Treasurer

By Lena Thompson

Affidavit No. 2022-95

Date 01/07/2022

Mona M. Myers

Surviving Spouse; 4020 W. 6th Street, Anacortes, WA 98221
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

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: January 7 2022

Mona M. Myers
Affiant's full name

(360) 293-9279
Telephone number

4020 W. 6th Street

Street

Anacortes

City

WA

State

98221

Zip Code

Mona M Myers
Signature

Jan 7 2022
Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 7 day of Jan, 2022 by
Mona M. Myers

Brianna Maldonado
Signature

UPO / Notary Public
Title

My appointment expires: Aug 30, 2025



EXHIBIT "A"

LEGAL DESCRIPTION

Parcel Number: 3809-511-018-0003/P58453

Lots 11, 12 and 13, Block 1511, "NORTHERN PACIFIC ADDITION TO ANACORTES," as per plat recorded in Volume 2 of Plats, page 9, records of Skagit County, Washington.

TOGETHER WITH that portion of vacated West 6th Street that would attach by operation of law as disclosed by Ordinance No. 2850 for the City of Anacortes recorded May 10, 2011, under Auditor's File No. 201105100050.

Situate in the City of Anacortes, County of Skagit, State of Washington.

N.M.

Parcel Number: 3809-511-018-0100/P120130

Lots 14 through 18, Block 1511, Except the West 26.7 Feet of Block 1511 parallel to the western boundary, "NORTHERN PACIFIC ADDITION TO ANACORTES," as per plat recorded in Volume 2 of Plats, page 9, records of Skagit County, Washington.

TOGETHER WITH that portion of vacated West 6th Street that would attach by operation of law as disclosed by Ordinance No. 2850 for the City of Anacortes recorded May 10, 2011, under Auditor's File No. 201105100050.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-043330

DATE ISSUED: 10/27/2016

FEE NUMBER: 0000000029

GIVEN NAMES: **TERRY LEE**
LAST NAME: **MYERS**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **OCTOBER 22, 2016**
HOUR OF DEATH: **06:00 P.M.**
SEX: **MALE**
AGE: **69 YEARS**

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: **NO, NOT HISPANIC**
RACE: **WHITE**

BIRTHDATE:
BIRTHPLACE: **GREENSBURG, PENNSYLVANIA**

MARITAL STATUS: **MARRIED**
SPOUSE: **MONA MARIE LARSON**

OCCUPATION: **INSPECTOR**
INDUSTRY: **AIRCRAFT INDUSTRY**
EDUCATION: **ASSOCIATE DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **MONA M. MYERS**
RELATIONSHIP: **WIFE**
ADDRESS: **4020 WEST 6TH STREET, ANACORTES, WA 98221**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **4020 WEST 6TH STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**

RESIDENCE STREET: **4020 WEST 6TH STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**
INSIDE CITY LIMITS? **YES**

COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **36 YEARS**

FATHER/PARENT: **CHARLES ISAIAH MYERS**
MOTHER/PARENT:

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**
CITY, STATE, ZIP: **ANACORTES, WA**
DISPOSITION DATE: **OCTOBER 26, 2016**

FUNERAL FACILITY: **EVANS FUNERAL CHAPEL & CREMATORY, INC.**
ADDRESS: **1105 32ND STREET**
CITY, STATE, ZIP: **ANACORTES WA 98221**
FUNERAL DIRECTOR: **JOSEPH J. WAHAN**

CAUSE OF DEATH:
A. **CANCER OF THE THYROID**
INTERVAL: **YEARS**

B. **INTERVAL:**

C. **INTERVAL:**

D. **INTERVAL:**

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH? **NO**
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **SUSAN BUTLER ARNP**
TITLE: **ARNP**
CERTIFIER:

ADDRESS: **1211 84TH STREET**
CITY, STATE, ZIP: **ANACORTES WA 98221**
DATE SIGNED: **OCTOBER 26, 2016**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NJA #523**
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: **NONE**

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: **OCTOBER 26, 2016**

NUMBER(S): **NONE**
DATE(S): **NONE**

DCW 21-403 (10/15)

Affidavit for Correction

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

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number _____ Fee Number _____ Initials _____ Date _____ Affidavit Number _____

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____

7. Return Mailing Address: _____

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows: _____ **The true fact is:** _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. _____ 15. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

OCT 27 2016

Howard L. Brand
Skagit County Health Department
Howard L. Brand M.D., Health Officer

GG00093837