

Return Address:

Robert O. Whitefield
720 Shelter Bay Dr.
LaConner, WA 98257

202201200097

01/20/2022 03:22 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

SKAGIT COUNTY, WASHINGTON
REAL ESTATE EXCISE TAX

2022.226

JAN 20 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By LS Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee ROBERT O. WHITEFIELD, 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 HUSBAND

Relationship to decedent

of DIXIE L. WHITEFIELD

Decedent/Grantor

, who died on August 17, 2009

Date

at LA CONNER

City

SKAGIT

County

WASHINGTON

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 720 SURVEY OF SKAGIT COUNTY SHELTER
BAY DRIVE, DIVISION 4

Assessor's Property Tax Parcel/Account Number: 53302020210/129419
(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)

Full name, age, relationship, address

ROBERT D. WHITEFIELD

720 SHELTER BAY DR. LAQUER, MO

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: 1/20/2022ROBERT O. WHITEFIELD

Affiant's full name

RO

Telephone number

Street

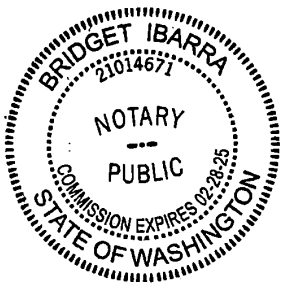
City

State

Zip Code

Robert Whitefield
Signature1/20/22
DateState of Washington County of SkagitI know or have satisfactory evidence that Robert Whitefield
(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: 1/20/22(SEAL OR
STAMP)[Signature]
Signature of Notary PublicResiding at: Mount VernonNotary Public in and for the State of WashingtonMy appointment expires: 02/28/25

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 704		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Dixie Lee Whitefield						2. Death Date August 17, 2009	
3. Sex (M/F) Female	4a. Age - Last Birthday 62 Years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit		
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Burlington		8b. (State or Foreign Country) Washington		9. Decedent's Education Some College No Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g. 524 SE 5 th St.) (Include Apt. No.) 720 Shelter Bay Drive						13b. City or Town La Conner	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington		13f. Zip Code + 4 98257	
14. Estimated length of time at residence. 30 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage). Robert Odos Whitefield			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Manager/Billing Department				18. Kind of Business/Industry (Do not use Company Name) Telecommunications			
19. Father's Name (First, Middle, Last, Suffix) Wayne Shroll				20. Mother's Name Before First Marriage (First, Middle, Last) Edna Agnes			
21. Informant's Name Robert Odos Whitefield		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No City or Town State Zip 720 Shelter Bay Dr., La Conner, WA 98457			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location) 720 Shelter Bay Drive				26a. City, Town, or Location of Death La Conner		26b. State WA	
26c. Zip Code 98257		27. Zip Code 98257					
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Cady Cremation Service		30. Location-City/Town, and State Kent, Washington			
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services, LLC., 7910 SR 536, Mount Vernon, WA 98273				32. Date of Disposition August 25, 2009			
33. Funeral Director Signature X <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) a. Metastatic breast cancer Interval between Onset & Death 3 yrs							
Sequentially 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 b. primary breast cancer Interval between Onset & Death 11 yrs							
c. Due to (or as a consequence of): Interval between Onset & Death							
d. Due to (or as a consequence of): Interval between Onset & Death							
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		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		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: County: 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 - In the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>				48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, I certify death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Robert Raish, M.D., 1211-24th St., Anacortes, WA 98221						50. Hour of Death (24hrs) 21:05 Hours	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy) August 21, 2009	
53. Title of Certifier Physician		54. License Number		55. ME/Coroner File Number NJA #412		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/dd/yyyy) AUG 21 2009			
59. Amendments							

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



202201200097

01/20/2022 03:22 PM, Page 5 of 5

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
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Use the section below for requesting any changes on the record.Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing 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. 9/2002)

CERTIFIED

AUG 21 2009

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

SS00167656