



202203010122

03/01/2022 02:16 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Barbara A. Hansen

11629 Pointe Pl.

Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022-787

MAR 01 2022

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Barbara A. Hansen, 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 spouse

Relationship to decedent

of Frank M. Hansen, who died on 4/11/2020

Decedent/Grantor

Date

at Anacortes

Skagit

WA

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

P57199: Ptn. Lot 15, and all of Lots 16 and 17, Block 5, First Addn. to Anacortes.
The East 15 feet of Lot 15 and all of Lots 16 and 17, Block 5 "FIRST
ADDITION TO THE CITY OF ANACORTES, SKAGIT CO.,
WASHINGTON," as per plat recorded in Volume 1 of Plats, page 24,
record of Skagit County, Washington.

P59931: LOT 21, SKYLINE NO. 10, ACCORDING TO THE PLAT RECORDED
IN VOLUME 9 OF PLATS, PAGES 117 THROUGH 120, INCLUSIVE,
RECORDS OF SKAIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P57199 & P59931

(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)

Barbara A. Hansen, age 69, spouse

11629 Pointe Pl, 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 : 02/17/22

Affiant's full name

Barbara Anne Suver- Hansen

Telephone number

(360) 507-4860

11629 Pointe Pl., Anacortes	Street WA	98221
City	State	Zip Code

Barbara A. Suver-Hansen
Signature

2/17/2022
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Barbara A. Suver- Hansen
(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: 02/17/22(SEAL OR
STAMP)

Notary Public State of Washington
SHAINA DARLENE DOYLE
NO. 22001323
MY COMMISSION EXPIRES
DECEMBER 9, 2025

Shaina Doyle
Signature of Notary Public

Residing at: 402 Commercial Ave, AnacortesNotary Public in and for the State of WashingtonMy appointment expires: 12/25

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-016682

DATE ISSUED: 04/15/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): FRANK MORRIS

LAST NAME(S): HANSEN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 11, 2020

HOUR OF DEATH: 03:05 PM

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BARBARA ANNE SUVER

OCCUPATION: PHYSICIAN

INDUSTRY: HEALTH CARE INDUSTRY

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: BARBARA A HANSEN

RELATIONSHIP: WIFE

ADDRESS: 11629 POINTE PLACE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CARDIOGENIC SHOCK

INTERVAL: 6 HOURS

B: MYOCARDIAL INFARCTION

INTERVAL: 12 HOURS

C: UROSEPSIS

INTERVAL: 24 HOURS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 11629 POINTE PLACE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER: FRANK BENJAMIN HANSEN

MOTHER: MURRELL ORALEA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: APRIL 15, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ROB RIEGER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: APRIL 13, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: APRIL 14, 2020

Affidavit for Correction

03/01/2022 02:16 PM
 Mail Stop Center for Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 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
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
7. Return Mailing Address: PO Box or Street Address City State Zip				
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 forgoing is true and correct

16a. Signature:		16b. Signature of 2 nd 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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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
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- *To change any part of the name of a child using this form, 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). 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 January 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

APR 15 2020

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



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