



**202203110090**

03/11/2022 01:58 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022-404  
MAR 11 2022

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

## COVER SHEET

### LACK OF PROBATE AFFIDAVIT

GRANTOR: Marcillius M. Huseby, deceased.

GRANTEE: Margaret Huseby

#### LEGAL DESCRIPTION:

Tract 15, Souza's Addition to Mount Vernon, as per plat recorded in Volume 8 of Plats, Page 70, Records of Skagit County, Situate in the County of Skagit, State of Washington.

ASSESSOR'S PROPERTY TAX  
PARCEL OR ACCOUNT NO.:

# 3757-000-015-0002, P# 54289

REFERENCE NOS. OF DOCUMENTS  
ASSIGNED OR RELEASED:

A/F# 202203040177, Records of Skagit County

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SKAGIT )

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of my husband, Marcillius M. Huseby, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

PARCEL #3757-000-015-0002      P# 54289  
Street Address of Property: 2421 Jacqueline Place, Mount Vernon, Washington

THIRD, that said Decedent executed a community property agreement dated 3<sup>rd</sup> day of September 1971 which provides that all property of the decedent vested in the surviving spouse upon his death as community property recorded under A/F # 202203040177.

DATED this 11th day of March 2022.

Margaret L. Huseby  
Margaret L. Huseby

STATE OF WASHINGTON       )  
  ) ss  
COUNTY OF SKAGIT    )

I hereby certify that I know or have satisfactory evidence that Margaret L. Huseby signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

DATED this 11<sup>th</sup> day of March, 2022.



David L. Day  
NOTARY PUBLIC in and for the  
State of Washington, residing  
in Mt. Vernon, WA. My  
commission expires: 6-09-23

Print Name: DAVID L. DAY.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-023345

DATE ISSUED: 10/16/2014

FEE NUMBER: 0000000029

GIVEN NAMES: MARCILLIUS MERLIN  
LAST NAME: HUSEBY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 14, 2014  
HOUR OF DEATH: 11:42 P.M.  
SEX: MALE  
AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: NEWMAN GROVE, NEBRASKA

MARITAL STATUS: MARRIED  
SPOUSE: MARGARET LOUISE EICHENLAUS

OCCUPATION: SUPPLY STOCKMAN  
INDUSTRY: CIVIL SERVICE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: MARGARET HUSEBY  
RELATIONSHIP: WIFE  
ADDRESS: 2421 JACQUELINE PLACE MOUNT VERNON WA 98273

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: ASHLEY GARDENS OF MOUNT VERNON  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2421 JACQUELINE PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: OSCAR MARCILLIUS HUSEBY  
MOTHER: SARAH G [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: OCTOBER 22, 2014

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A. ALZHEIMER'S DEMENTIA, END-STAGE  
INTERVAL: YEARS  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
CONGESTIVE HEART FAILURE, DIASTOLIC; HYPOTHYROIDISM

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

TO BE FILED ONLY IN CONNECTION  
WITH A CLAIM PENDING BEFORE  
THE VETERAN'S ADMINISTRATION

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: JOHANNA SANTOS, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: OCTOBER 15, 2014

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: OCTOBER 15, 2014



## Affidavit for Correction

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

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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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: \_\_\_\_\_

4. Father/Parent Full Birth Name \_\_\_\_\_ 5. Mother/Parent Full Birth Name \_\_\_\_\_

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: ☐ 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 foregoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

(Printed Name) \_\_\_\_\_

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

**Examples of acceptable documentary proof:**

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

**Birth Certificates**

- Only a parent, 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 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.
- Child under 18**
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, 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.
  - Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the 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 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 422-034 January 2014

**\*CERTIFIED\***

OCT 16 2014

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

AA00220883