

Return Address:

Jeffrey R. George
385 NE Henry Ct.
Poulsbo, WA 98370

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 03/15/2022

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Barbara E. George, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Spouse
Relationship to decedent

of Gary P. George who died on 01/11/2007
Decedent/Grantor Date

at MOUNT VERNON Skagit WASHINGTON
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

Lot 13 Country Meadows

Assessor's Property Tax Parcel/Account Numbers: (List All)

P81079

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 450,000 of which approximately \$ 450,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 03/08/2022

Barbara E. George by My Raymond George 808-927-7196
Affiant's full name per attorney in fact Telephone number

Street City State Zip Code

State of WA County of Kitsap

I know or have satisfactory evidence that Barbara E George
(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: March 8, 2022 Annette Jacko
Signature of Notary Public

(SEAL OR STAMP)

Residing at 27 Orchard WA

Notary Public in and for the State of WA

My appointment expires: July 1, 2021

(Based on REV 84 0017 (1/3/17))



State of Washington

) ss.

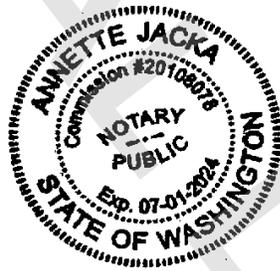
County of Kitsap

On this 8th day of March 2022 before me personally appeared Jeffrey Raymond George , who executed the within instrument as Attorney in Fact for Barbara E. George and acknowledged to me that he signed and sealed the same as his free and voluntary act and deed as attorney in fact for Barbara E. George for the uses and purposes therein mentioned, and on oath stated that the Power of Attorney authorizing the execution of this instrument has not been revoked and that the said * is now living, and is not incompetent . Given under my hand and official seal the day and year last above written.

Dated: March 8, 2022

Annette Jacka
Name: ANNETTE JACKA
Notary Public in and for the State of WA
residing at P.O. Orchard
My appointment expires: July 1, 2024

Order Number: 01348-47218



UNOFFICIAL DOCUMENT

**EXHIBIT "A"
LEGAL DESCRIPTION**

File No.: 01348-47218

The Land referred to herein below is situated in the County of Skagit, State of Washington, and is described as follows:

Lot 13, "COUNTRY MEADOWS," as per plat recorded in Volume 12 of Plats, page 33, records of Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: **588-07** Washington State Certificate of Death State File Number

1. Legal Name (Last, First, Middle, LAST, Suffix) **GARY PALMER GEORGE** 2. Death Date **July 11, 2007**

3. Sex (M/F) **Male** 4a. Age - Last Birthday **71** 4b. Under 1 Year **Months** 4c. Under 1 Day **Hours** 5. Social Security Number **XXXX-XX-XXXX** 6. County of Death **Skagit**

7. Birthplace (City, Town, or County) **Wheaton** 8. (State or Foreign Country) **Minnesota** 9. Decedent's Education **High School Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s) **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **YES**

13a. Residence: Number and Street (e.g., 624 56th St.) (Exclude Apt. No.) **20810 Carolann Place** 13b. City or Town **Burlington**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) **Washington** 13e. State of Foreign Country **Washington** 13f. Zip Code + 4 **98233** 13g. Inside City Limits? Yes No Unknown

14. Estimated length of time at residence **15 years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's Name (Give name prior to last marriage) **Barbara Busch**

17. Usual Occupation (Indicate type of work done during most of working life. Do not use company name) **Meat Cutter/Department Manager** 18. Kind of Business/Industry (Do not use Company Name) **Grocery**

19. Father's Name (First, Middle, Last Suffix) **Kalman George** 20. Mother's Name Before First Marriage (First, Middle, Last) **Barbara George**

21. Informant's Name **Barbara George** 22. Relationship to Decedent **Wife** 23. Mailing Address: Street and Street # (No. City, Town, State, Zip **20810 Carolann Place Burlington, WA 98233**

24. Place of Death (If Death Occurred in a Hospital) **ER - Outpatient** 24b. Place of Death (If Death Occurred Somewhere Other Than a Hospital)

25. Facility Name (if not a facility, give number & street or location) **Skagit Valley Hospital** 25a. City, Town, or Location of Death **Mount Vernon** 26b. State **WA** 27. Zip Code **98273**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of crematory, cemetery, other place) **Mount Vernon Crematory** 30. Location: City/Town, and State **Mount Vernon, Washington**

31. Name and Complete Address of Funeral Facility **Lemley Chapel, Inc 1008 Third Street Sedro-Woolley, WA 98284** 32. Date of Disposition **July 13, 2007**

33. Funeral Director Signature **Kick Lemley**

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) **Cardiac arrhythmia** Interval between Onset & Death: **30 minutes**

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 **Severe coronary artery disease** Interval between Onset & Death: **30 yrs.**

High blood pressure Interval between Onset & Death: **15 yrs.**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Diabetes, Hypertension, COPD**

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending If female: Not pregnant with past year Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

39. Did tobacco use contribute to death? Yes Probably No Unknown

40. Date of Injury (yyyy/mm) **7/11/07** 41. Hour of Injury (mm) **1737** 42. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) **Home** 43. Injury at Work? Yes No Unknown

44. Location of Injury: Number & Street **20810 Carolann Place** 44a. City or Town **Burlington** 44b. County **Skagit** 44c. State **WA** 44d. Zip Code **98233**

45. Describe how injury occurred **While driving to work** 46. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician: To the best of my knowledge, death occurred at the time, age, and place and due to the cause(s) and manner stated. **Vanoy Smith M.D.** 48b. Medical Examiner/Coroner: On the basis of examination, medical investigation, or autopsy, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Vanoy Smith, MD 1990 Hospital Dr. Ste 100 Sedro-Woolley, WA 98284** 50. Hour of Death (24hrs) **1737 hrs**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) **Conner Anderson, RN** 52. Date Signed (yyyy/mm/dd) **July 12, 2007**

53. Title of Certifier **Physician** 54. License Number **MD00011933** 55. ME/Coroner File Number **118-07** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature **Conner Anderson, Registrar** 58. Date Received (yyyy/mm/dd) **JUL 13 2007**

59. Amendments



D047048 003 Rev. 02/02/04

DCH-01-003 (4/06)



Affidavit for Correction

Center for Health Statistics
P.O. Box 4709
Olympia, WA 98507-4709
(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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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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:

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:
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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.

OHICHS 023 (Rev. 9/2002)

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