



202204060039

04/06/2022 11:49 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

William G. Ellis
500 Creek Lane
Sedro Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER

DEPUTY Berna Thompson

DATE 4.6.22

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee William G. Ellis, 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 Jean Ellis, who died on 2/26/1996
Decedent/Grantor Date

at Sedro Woolley Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 1. P102123 BRICKYARD CREEK DIV

LOT 36, (SWFC)

2. P75382 Lot 17, Block 10, Plat of town of Sedro,

AS PER Plat in Volume 1 of Plats, Page 17,

Records of Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: P102123, P75382
(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 _____)

William G. Ellis Age 72 Husband
500 Creek Lane, Sedro Woolley, WA 98284
Full name, age, relationship, address

Darcy L. Greenfield Age 52 Daughter
500 Creek Lane, Sedro Woolley, WA 98284
Full name, age, relationship, address

April D. Ellis Age 40 Daughter
516 Jameson Ave Sedro Woolley, WA 98284
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 : 4/5/2022

Affiant's full name

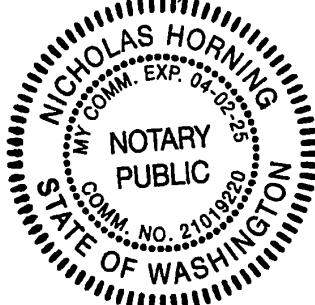
William George Ellis

Telephone number

<u>Sedro-Woolley</u>	<u>WA</u>	<u>98284</u>
City	State	Zip Code
<u>William Ellis</u>	<u>4/4/22</u>	
Signature	Date	

State of Washington County of SnohomishI know or have satisfactory evidence that William George Ellis
(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: 04 / 04 / 2022Nicholas Horning
Signature of Notary Public(SEAL OR
STAMP)

REV 84 0017 (6/24/16)

Residing at: 1511 Riverside Dr, Mount Vernon, WA 98273Notary Public in and for the State of WashingtonMy appointment expires: 04 / 2025

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

146 6 14593

STATE FILE NUMBER

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

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21. ACC LOC

22. QUERIES

23.

24.

1. NAME First: THELMA Middle: JEAN Last: ELLIS			2. SEX (M / F) F		3. DEATH DATE (Mo, Day, Yr) February 26, 1996		
4. AGE LAST BIRTHDAY (Yrs) 45		5. UNDER 1 YEAR MOS: 1 DAYS: 1 HOURS: 1 MINS: 1		7. BIRTHDATE (Mo, Day, Yr) July 19 1950		8. BIRTHPLACE (City, State or Foreign Country) Vancouver, WA	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skagit		13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
11. CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley			12. PLACE OF DEATH—50 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input checked="" type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. ROOM/OUT PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE 500 Creek Lane				
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) William Ellis		16. SOCIAL SECURITY NO. 531-46-0700		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Sr. Housekeeper		19. KIND OF BUSINESS OR INDUSTRY Public Hospital		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 500 Creek Lane		23. CITY/TOWN OR LOCATION Sedro-Woolley		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 45 yrs		25C. STATE WA		27. ZIP CODE 98284			
26. FATHER'S NAME—FIRST, MIDDLE, LAST Donald Q. Beverlin				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Irene Spinney			
30. INFORMANT—NAME William Ellis		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 500 Creek Lane, Sedro-Woolley, Washington 98284					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Mar 1, 1996		34. CEMETERY/CREMATORY—NAME Union Cemetery		35. LOCATION—CITY/TOWN, STATE Sedro-Woolley, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>Robert J. Raish</i>		37. NAME OF FACILITY Lemley Chapel 1008 Third Street		38. ADDRESS OF FACILITY Sedro-Woolley, WA 98284			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Robert J. Raish M.D.</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>X</i>			
40. DATE SIGNED (Mo., Day, Yr) February 28, 1996		41. HOUR OF DEATH (24 Hrs.) 0530		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert J. Raish, M.D. 1971 Hospital Drive, Sedro-Woolley, WA 98284				49. ME/CORONER FILE NUMBER NJA049			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <i>Metastatic breast cancer</i>				INTERVAL BETWEEN ONSET AND DEATH 5 mo	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. <i>primary breast cancer</i>				INTERVAL BETWEEN ONSET AND DEATH 17 mos.	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:						52. AUTOPSY? (Yes / No) No	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes							
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED.	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>X Sharon D. Beeson, Deputy</i>		63. DATE RECEIVED (Mo., Day, Yr.) 2-29-96	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

04/06/2022 11:49 AM Page 5 of 5
 Mail to: 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:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			

7. Return Mailing Address:	
PO Box or Street 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.

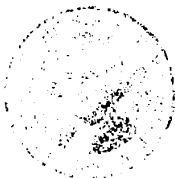
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct			
16a. Signature:		16b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

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:	
<ul style="list-style-type: none"> Birth/Marriage/Divorce record Certificate of Naturalization 	<ul style="list-style-type: none"> Military record (DD-214) Hospital/medical record School transcripts Passport Social Security Numident Report Green/Permanent Resident card (I-551)

Birth Certificates	
1. 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	
2. 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	
3. Documentary proof must be five or more years old or established within five years of birth	
<u>Child under 18</u>	<u>Adult (18 years or older)</u>
<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 	<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
*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	
1. 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.	
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.	
Marriage/Dissolution (Divorce) Certificates	
1. 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	
2. 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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

MAY 21 2019



0 2 7 6 4 7 0

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