

202204180083

04/18/2022 12:55 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

2919 Hollydale Acres
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 1595

APR 18 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Judith A. McNeil, 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 widow
Relationship to decedent

of Wallace W. McNeil, who died on 12-10-20
Decedent/Grantor Date

at Mount Vernon, WA Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Tract 6, Hollydale Acres
Skagit County Wash. As per plat recorded in
Volume 6 of plats, Page 42, Records of
Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: P66121
(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 _____)

Full name, age, relationship, address

Judith Anne McNeil age 74, widow
2919 Hollydale Acres Lane

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: 4-18-22Judith A McNeil

Affiant's full name

Judith Anne McNeilTelephone number 360-428-30832919 Hollydale Acres LaneMount Vernon

Street

WA98273

City

State

Zip Code

Judith Anne McNeil4/18/22

Signature

Date

State of WashingtonCounty of Skagit

I know or have satisfactory evidence that

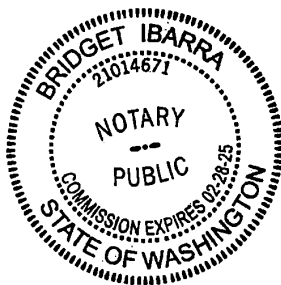
Judith Anne McNeil

(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: 02/28/2504/18/22[Signature]

Signature of Notary Public

(SEAL OR
STAMP)Residing at: Mount Vernon

Notary Public in and for the State of _____

My appointment expires: 02/28/2025

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-057999

DATE ISSUED: 12/15/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WALLACE WILLARD
LAST NAME(S): MCNEIL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 10, 2020
HOUR OF DEATH: 07:30 AM PRESUMED
SEX: MALE AGE: 75 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: JUDITH ANNE JOHNSEN

OCCUPATION: TRUCK MECHANIC
INDUSTRY: TRUCKING
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

INFORMANT: JUDITH ANNE MCNEIL
RELATIONSHIP: WIFE
ADDRESS: 2919 HOLLYDALE ACRES LANE, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: GASTRIC CANCER
INTERVAL: 2 YEARS

B:
INTERVAL:
C:
INTERVAL:
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: HOME
FACILITY OR ADDRESS: 2919 HOLLYDALE ACRES LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2919 HOLLYDALE ACRES LANE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER: EDMOND RAY MCNEIL
MOTHER: LILLIAN JANE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FIR-CONWAY LUTHERAN CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 16, 2020

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DAVID LUKOV

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: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: DECEMBER 11, 2020

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

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: DECEMBER 14, 2020

Affidavit for Correction

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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
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:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	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 currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
14a. Signature:		14b. Signature of 2 nd parent (if required):		
Printed name:		Date:		Printed name: Date:
INSTRUCTIONS – go to www.doh.wa.gov for more information				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551) 				
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.				
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. Proof documentation must be five or more years old or established within five years of birth.				
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).				
<u>Child under 18</u>				
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required. • To correct the sex of the child, one proof documentation from a medical provider is required. 				
<u>Adult (18 years or older)</u>				
<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 proof documentation are required. • If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required. • To correct parent's birth date, place of birth, or name, one proof documentation 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.				
Death Certificates				
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.				
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.				

***CERTIFIED***

DEC 15 2020

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



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