

202205310019

05/31/2022 09:12 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

513 SE 14TH AVE
BATTLEGROUND, WA
98604

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022 2225
MAY 31 2022

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

AFFIDAVIT (LACK OF PROBATE)

DANALOU ERTMAN, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is
HUSBAND (relationship to decedent)

of DARLA G ERTMAN (decedent), who died on (date)

JAN 11 2017, at
MOUNT VERNON SKAGIT WA
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.
PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

Abbreviated Legal Description: 1120 S 25TH SP 6 MOUNT VERNON WA 98274
MANUFACTURED HOME ONLY 1991 FLEETWOOD GREENHILL
64 x 28 SERIAL NUMBER ORFLM48A12324GH VIEWMONT MOBILE

Assessor's Property Tax Parcel/Account Number: P22334

Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under SKAGIT County recording number 2017-001789; OR

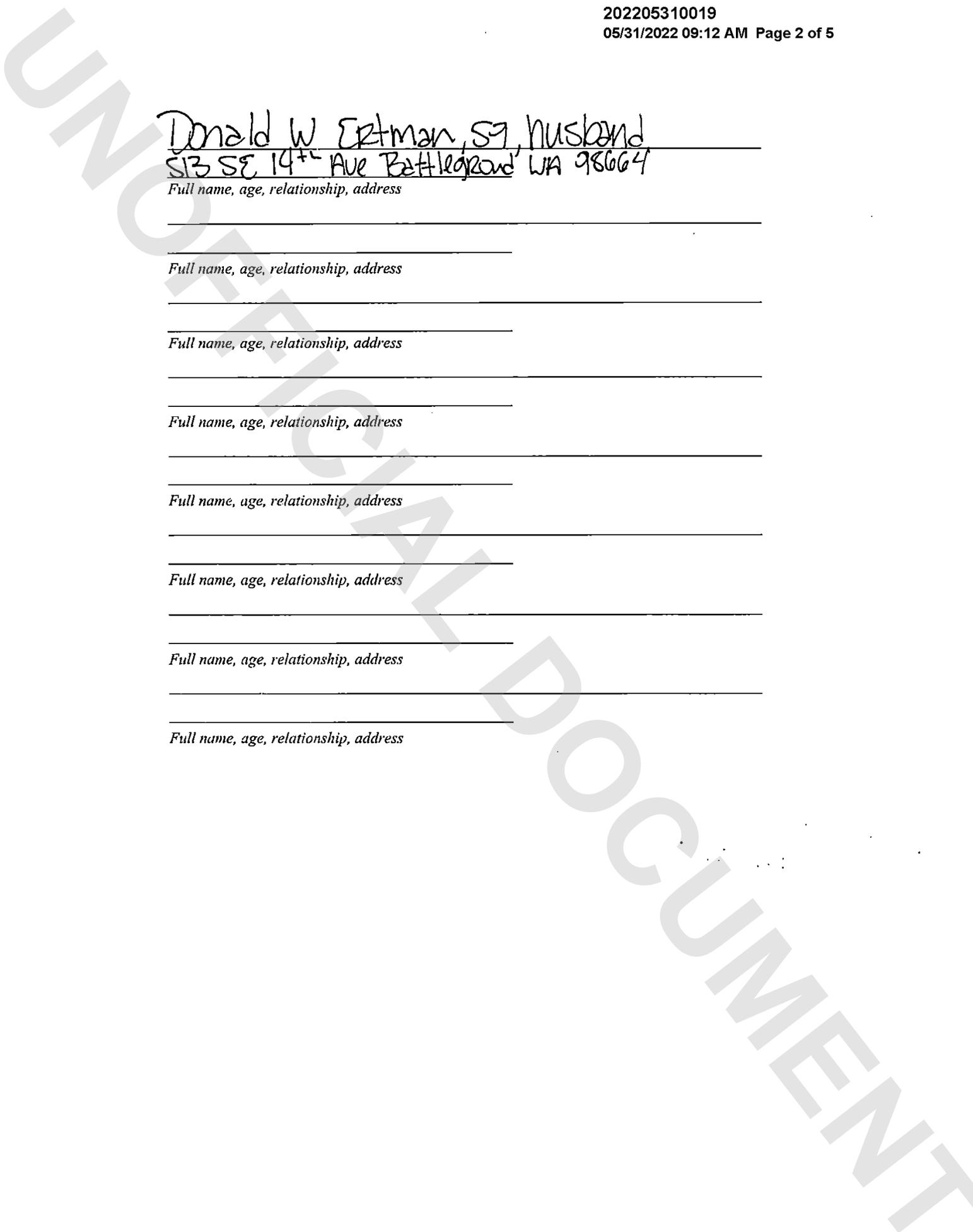
Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"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 _____)

Donald W Ertman, 59, husband
513 SE 14th Ave Battle Ground WA 98664

Full name, age, relationship, address



Dated: 5/26/2022

DONALD WILBUR ERTMAN
Affiant's full name

300 2001 4042
Telephone number

513 SE 14TH AVE

BATTLEGROUND WA 98004
City State Zip Code

[Signature] 5/26/2022
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Donald W. Ertman Jr.
(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: 05 13 2022

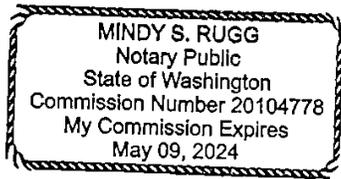
[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: 1765 Upland Dr. Arlington, WA

Notary Public in and for the State of Washington

My appointment expires: 05 09 / 2024



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-001789

DATE ISSUED: 01/17/2017

FEE NUMBER: 000000029

GIVEN NAMES: DARLA GAYE
LAST NAME: ERTMAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 11, 2017
HOUR OF DEATH: 09:15 P.M.
SEX: FEMALE
AGE: 52 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1120 S 25TH STREET, #6
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: MINDENHALL, UNITED KINGDOM

FATHER/PARENT: JERRY SWEENEY
MOTHER/PARENT: JAN [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: DONALD ERTMAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JANUARY 17, 2017

OCCUPATION: MANAGER
INDUSTRY: RESTAURANT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

INFORMANT: DONALD ERTMAN
RELATIONSHIP: HUSBAND
ADDRESS: 1120 S 25TH STREET, #6, MOUNT VERNON, WA 98274

- CAUSE OF DEATH:
- A. ACUTE HYPOXIA RESPIRATORY FAILURE
INTERVAL: 5 DAYS
 - B. LEFT LUNG ABSCESS
INTERVAL: 2 MONTHS
 - C. METASTATIC UTERINE CANCER
INTERVAL: 2 YEARS
 - D. _____
INTERVAL: _____

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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 PREGNANT WITHIN PAST YEAR

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

CERTIFIER NAME: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: JANUARY 16, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ATTENDING PHYSICIAN:
ALLEN JOHNSON MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: JANUARY 17, 2017

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





Affidavit for Correction

05/31/2022 09:12 AM Page 5 of 5
Mailed to: 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 Legal 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 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:
P O 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: Printed name: Date: 16b. Signature of 2nd parent (if required): 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

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.

Child under 18

- 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)

- 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, 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). The informant may change marital status with proof. 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 October 2015

CERTIFIED

JAN 17 2017

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

GG00363276