



202206020068

08/02/2022 02:55 PM Pages: 1 of 5 Fees: \$43.00
Skagit County Auditor

Return Address:

Brad O'Dell
P.O. Box 134
Clear Lake WA 98235

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Bena Thompson
DATE 6.2.22

Document Title:

Death certificate

Reference Number (if applicable): _____

Grantor(s):

additional grantor names on page ____

- 1) Brad P. O'Dell
- 2) Rhonda J. O'Dell

Grantee(s):

additional grantor names on page ____

- 1) Brad P. O'Dell
- 2) _____

Abbreviated Legal Description:

full legal on page(s) ____

Lt 1 + ptn Lts 7+8, BLK 6, Mountain View Clear Lake
Lts 3+4 Ptn Lts 5+6, BLK 6, Mountain View Clear Lake

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____

P74923
P74920

STATE OF WASHINGTON DEPARTMENT OF HEALTH

450-02 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

Form containing fields for Name (RHONDA JEAN O'DELL), Sex (Female), Death Date (June 24, 2002), Birthplace (Burlington, WA), Cause of Death (Progressive Liver and Brain Metastasis), and Registrar Signature (Dorothy Epps, deputy).



USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. ~~This affidavit cannot be used to add a father to a birth certificate (use the paternity affidavit form DCH 110-001).~~

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.
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 fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
Complete in ink and do not alter.

CERTIFIED

JUL 01 2002

Heath Andrews
 Skagit County Health Department
 Howard LeGrand, M.D., Health Officer

JJ00087334

SKAGIT COUNTY WASH.
FILED

SEP - 7 2002

Phyllis Coole-McKeenen, Co. Clerk
By _____ Deputy

IN THE SUPERIOR COURT, STATE OF WASHINGTON, IN SKAGIT COUNTY

IN THE MATTER OF THE ESTATE)

OF)

RHONDA JEAN O'DELL,)

Deceased.)

No. **02 4 00248 0**

ORDER ADJUDICATING
INTESTACY AND HEIRSHIP

A petition praying that the court adjudicate that the above-named decedent died intestate and establish those persons entitled to receive the estate as heirs at law having come on for hearing and evidence having been received, the Court finds that:

1. Jurisdiction. Decedent died on June 24, 2002, a resident of Skagit County, Washington, leaving property in this State subject to probate administration.

2. Intestacy. No Will has been found.

3. Heirs and Beneficiaries. The names, addresses, relationships, and ages of the heirs, legatees and devisees, together with their distributive share of the estate, are as follows:

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>% SHARE</u>
BRAD P. O'DELL 23658 Bartle Avenue Clear Lake, WA 98235	Husband	Legal	100%

ORDER ADJUDICATING
INTESTACY AND HEIRSHIP -1

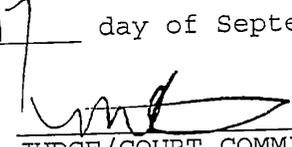
MARTIN R. LIND
ATTORNEY AT LAW
127 EAST FAIRHAVEN
BURLINGTON, WASHINGTON 98233
TELEPHONE (360) 755-9631

1 4. Personal Representative. The appointment of a
2 Personal Representative is not requested.

3 NOW, THEREFORE,

4 IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the
5 decedent died intestate and the above-named heir is entitled
6 to receive the estate in the proportion(s) indicated.

7 DONE IN COURT this 17 day of September, 2002.

8 
9 _____
10 JUDGE/COURT COMMISSIONER

11 Presented By:

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13 _____
14 MARTIN LIND - #6509
15 Attorney for Petitioner
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