

After recording, return to:  
Frankie A. Rohrer  
1022 Cypress Court  
Burlington, WA 98233

CHICAGO TITLE  
6 200 52341

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 08/01/2022

Grantor (Name of Decedent): David C. Rohrer  
Grantee (Heirs): Frankie A. Rohrer  
Abbreviated Legal Description: Lot 42 Klugez Estates  
Tax Parcel No.(s): P124460, and 4891-000-042-0000

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington  
COUNTY OF Skagit

The undersigned, Frankie A. Rohrer, executes this affidavit relating to the estate of David C. Rohrer (herein "Decedent"), who died on 4-24-2011 in the County of Skagit, State of Washington, then being a resident of the City of Sedro Woolley, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):
  - ☒ the lawful surviving spouse of the Decedent
  - ☐ Registered domestic partner of the Decedent
  - ☐ Surviving child of the Decedent
  - ☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
  - ☐ other (identify): \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Frankie A. Rohrer - W.ife

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

LOT 42, PLAT OF KLINGER ESTATES, RECORDED MAY 8, 2006, UNDER AUDITOR'S FILE NO. 200605080213, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

5. **Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☒ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

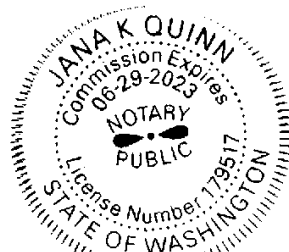
Frankie A. Rohrer Frankie A. Rohrer  
 Signature

Frankie A. Rohrer  
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on August 01 2022 by  
Frankie A. Rohrer (name of person making statement).



Janak Quinn  
 Name: Janak Quinn  
 Notary Public in and for the State of Washington,  
 Residing at: Arlington  
 My appointment expires: 06/29/2023



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



348-11

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix  
DAVID CHARLES ROHRER

2. Death Date  
April 24, 2011

3. Sex (M/F)  
Male

4a. Age - Last Birthday  
77

4b. Under 1 Year  
Months Days

4c. Under 1 Day  
Hours Minutes

5. County of Death  
Skagit

6a. Birthplace (City, Town, or County)  
Camargo

6b. (State or Foreign Country)  
Oklahoma

7. Decedent's Education  
10th Grade

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? No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)  
285 Lewis Street

13b. City or Town  
Sedro-Woolley

13c. Residence: County  
Skagit

13d. Tribal Reservation Name (if applicable)

13e. State or Foreign Country  
Washington

13f. Zip Code + 4  
98284

13g. Inside City Limits?  
☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence.  
4 Years

15. Marital Status at Time of Death  
Married

16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)  
Frankie Aveline Ensley

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE). Kind of Business/Industry (Do not use Company Name)  
Commissioner  
County Government

19. Father's Name (First, Middle, Last, Suffix)  
Jessie Rohrer

20. Mother's Name Before First Marriage (First, Middle, Last)  
Bessie

21. Informant's Name  
Frankie Rohrer

22. Relationship to Decedent  
Wife

23. Mailing Address: Number and Street or RFD No. City or Town State Zip  
285 Lewis Street, Sedro-Woolley, WA 98284

24. Place of Death, if Death Occurred in a Hospital:  
Inpatient

25. Facility Name (If not a facility, give number & street or location)  
United General Hospital

26a. City, Town, or Location of Death  
Sedro-Woolley

26b. State  
WA

27. Zip Code  
98284

28. Method of Disposition  
Burial

29. Place of Final Disposition (Name of cemetery, crematory, other place)  
Union Cemetery

30. Location-City/Town, and State  
Sedro-Woolley, WA

31. Name and Complete Address of Funeral Facility  
Lemley Chapel, Inc., 1008 Third Street, Sedro-Woolley, WA 98284

32. Date of Disposition  
April 30, 2011

33. Funeral Director Signature  
Charles Ruhl #1179

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)

a. *congestive heart failure* Interval between Onset & Death: *days*

b. *myocardial infarct* Interval between Onset & Death: *days*

c. *respiratory failure - mixed* Interval between Onset & Death: *days*

d. Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

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

39. If female  
☐ Not pregnant within 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

40. Did tobacco use contribute to death?  
☐ Yes ☐ Probably ☒ No ☐ Unknown

41. Date of Injury (mm/dd/yyyy)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work?  
☐ Yes ☒ No ☐ Unk

45. Location of Injury: Number & Street: Apt. No.  
City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred

47. If transportation injury, specify:  
☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.  
T. W. Martin, Jr. MD

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, 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)  
T. W. Martin, Jr. MD 1990 Hospital Dr. #200, Sedro-Woolley, WA 98284

50. Hour of Death (24hrs)  
2150 Hours

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (mm/dd/yyyy)  
04/25/2011

53. Title of Certifier  
MD

54. License Number  
14430

55. ME/Coroner File Number

56. Was case referred to ME/Coroner?  
☐ Yes ☒ No

57. Registrar Signature  
Maria S. Vivanco, Deputy Registrar

58. Date Received (mm/dd/yyyy)  
APR 26 2011

59. Amendments

DOHCHS 003 Rev 07/09/07

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

**Affidavit for Correction**

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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<b>Required</b>	<b>Required information must match current information on record</b>			
	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 Birth 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 <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: 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:

<b>The record currently shows:</b>		<b>The true fact is:</b>	
8.		9.	
10.		11.	
12.		13.	

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:
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**INSTRUCTIONS – go to [www.doh.wa.gov](http://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:

- 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**

- 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.
  - 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.
  - Proof documentation must be five or more years old or established within five years of birth.
  - This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
- Child under 18**
- 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.
- 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 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**

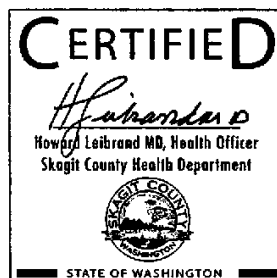
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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



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