08/26/2022 03:46 PM Pages: 1 of 7 Fees: \$45.00

Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Land Title and Escrow Company 111 East George Hopper Road, PO Box 445 Burlington, WA 98233

> REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY Lena Thompson DATE 08/26/2022

200//3-L1,	
DOCUMENT TITLE(S):	
Death Certificate	
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:	
GRANTOR:	
STATE OF WASHINGTON	
GRANTEE:	
KEVIN MICHAEL OTNES	
ABBREVIATED LEGAL DESCRIPTION:	
Lot 2, BLA 2014-0001, AF# 201402130045, (ptn Lot 8, all 9 & 10, Blk 195, City of Anacortes)	
THE DATE OF THE COUNTY	
TAX PARCEL NUMBER(S):	
3772-195-010-1006/P132498	

CERTIFICATE OF DEATH



FEE NUMBER: 1706064

CERTIFICATE NUMBER: 2021-025188

FIRST AND MIDDLE NAME(S) KEVIN MICHAEL LAST NAME(S) OTNES

COUNTY OF DEATH SKAGIT DATE OF DEATH: MAY 22, 2021 HOUR OF DEATH 01:02 PM SEX MALE

AGE: 61 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE WHITE

BIRTH DATE
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS. MARRIED
SURVIVING SPOUSE. LORI GAYE WOOD

OCCUPATION. TECHNICAL WRITER INDUSTRY: SOFTWARE EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: NO

INFORMANT LORI GAYE WOOD OTNES
RELATIONSHIP. WIFE
ADDRESS. 2116 12TH STREET ANACORTES,WA 98221

CAUSE OF DEATH:

A: SUDDEN CARDIAC DEATH INTERVAL. IMMEDIATE

INTERVAL

3.

INTERVAL

INTERVAL.

D:

OTHER CONDITIONS CONTRIBUTING TO DEATH; OBESITY, HYPERTENSION, HYPERLIPIDEMIA

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

LOCATION OF INJURY:

C(TY, STATE, ZIP. COUNTY. DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY SPECIFY NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS. ISLAND HOSPITAL
CITY, STATE, ZIP. ANACORTES, WASHINGTON 98221

RESIDENCE STREET. 2116 12TH STREET
CITY, STATE, ZIP. ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY. SKAGIT
TRIBAL RESERVATION. NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: FREDERICK MARCUS OTNES MOTHER: BESSIE

METHOD OF DISPOSITION. CREMATION
PLACE OF DISPOSITION. SEATTLE SERVICE GROUP CREMATORY

CITY, STATE **SEATTLE, WASHINGTON** DISPOSITION DATE **MAY 28, 2021**

FUNERAL FACILITY NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C CITY, STATE, ZIP. LYNNWOOD, WASHINGTON 98036 FUNERAL DIRECTOR MANUELA A. BARBER

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: BRYAN H. MURRAY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP. ANACORTES, WASHINGTON 98221
DATE SIGNED: MAY 27, 2021

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

LÔCAL DEPUTY REGISTRAR: BELEN MARTINEZ DATE RECEIVED: MAY 27, 2021

DOH 422-132 King (8/18)

202208260230

Affidavit for Correction

08/26/2022 03/46中MeRenger Beath Bratistics P.O. Box 47814

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

Olympia, WA 98504-7814 360-236-4300

STATE OFFICE USE ONLY								
State File Number	Fee Number		Initials	Date	Affidavit Number			
	<u> </u>							
Required information must match current information on record								
Record Type: Birth	Death	<u> Marriage</u>		Dissolution (Div				
1. Name on Record:	<u> </u>			2. Date of Event:	3. Place of Event:			
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 Self Guardian Informant Hospital Person on Record: Parent(s) Funeral Director Other (specify)								
7. Return Mailing Address:		·						
Telephone Number:		Email A	ddress:					
Use the section below for	r requesting any change	s on the recor	d. The reco	rd is incorrect or i	ncomplete as follows:			
The record curr	ently shows:			The true fa	ct is:			
8.		9.						
10.		11.						
12.		13.						
	of perjury under the laws				g is true and correct.			
14a. Signature:		14b. Sig	nature of 2 nd	parent (if required):				
Printed name:	Date:	Printed	name;		Date:			
	INSTRUCTIONS - go							
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 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). 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 Acknowledgement 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.* • 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. • 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.								
adult child or stepchild. Marital statu 2. The medical information (cause of c	cal information with proof docu is requires a certified court ord leath) may be changed only b	imentation. Famili der if someone ot	y members a ner than the i	re spouse or registered nformant is requesting	d domestic partner, parent, sibling, or the change.			
Marriago/Dissolution (Divorce) Cortific	otoe	-						

- 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.

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
206773-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee L & ri	G.W. Dtresseng first di	uly sworn deposes and states as follows:
That they are a rightful heir as listed on hei	irs at law, to the real property desc	ribed below, and is
Spouse Relationship to decedent	of Kev	in Michael Otnes
Relationship to decedent		Decedent/Grantor
who died on May 22,	2021 at	
Anacortes	Skagit	Washington
City	County	State
REAL PROPERTY SUBJECT TO THI Abbreviated Legal Description: Lot 2, BL Anacortes)		(pm Lot 8, all 9 & 10, Blk 195, City of
Assessor's Property Tax Parcel/Account N (Attach full legal description of the proper		498
Decedent left no Last Will and Testan	nent.	
Decedent left a Last Will and Testamo	ent which HAS NOT been Probate	ed or Revoked.
"Heirs at law" includes surviving spouse parents, brothers and sisters of the deceder pages if necessary)		

REV 84 0017 (1/3/17) Page 1 of 3

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EXHIBIT "A"

LEGAL DESCRIPTION

Parcel Number: 3772-195-010-1006/P132498

PARCEL "A":

Lot 2 of Boundary Line Adjustment No. 2014-0001, approved February 13, 2014 and recorded February 13, 2014, under Skagit County Auditor's File No. 201402130045, being also described as the East 19.58 feet of Lot 8 and all of Lots 9 and 10, Block 195, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington, together with the South 6.65 feet of the vacated alley adjacent thereto that attaches by operation of law.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

An exclusive, perpetual easement for ingress, egress and utilities over, under and across the North 12 feet of Lot 1 of said Boundary Line Adjustment No. 2014-0001, as described in instrument recorded February 13, 2014, under Auditor's File No. 201402130046, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.