

**Return Address:**  
Land Title and Escrow Company  
111 E. George Hopper Road  
Burlington, WA 98233  
207118-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 09/15/2022

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Linda M. Hanger, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of Ralph Leon Hanger,  
*Relationship to decedent* *Decedent/Grantor*

who died on March 21, 2004 at  
*Date*

Burlington Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Ptn Tr. A Morgan's Tracts

Assessor's Property Tax Parcel/Account Number: 3959-000-016-0106/P67625  
(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)

Linda M. Hanger, 68 Spouse

400 Gardner Road, Burlington WA 98233

*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*

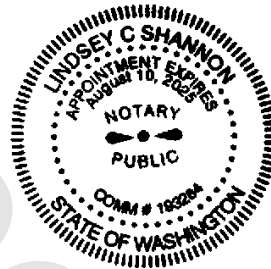
*Full name, age, relationship, address*

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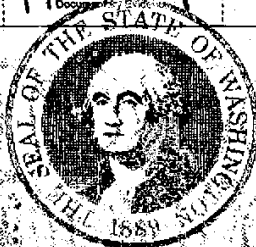
Dated: 9/14/22Linda M. Hanger  
Affiant's full name(360) 202-7131  
Telephone number

<u>400 Gardner Road</u>		
Street		
<u>Burlington</u>	<u>WA</u>	<u>98233</u>
City	State	Zip Code
<u>Linda M. Hanger</u>	<u>September 14, 2022</u>	
Signature	Date	

STATE OF WASHINGTON  
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 14<sup>th</sup> day of SEPTEMBER, 2022 by  
Linda M. HangerL. Shannon  
SignatureNotary  
TitleMy appointment expires: Aug. 10, 2025

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>233-04</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA if any)		2. Death Date		3. County of Death	
<b>RALPH LEON HANGER</b>		<b>March 21, 2004</b>		<b>Skagit</b>	
4. Sex (M/F)	5a. Age - Last Birthday	5b. Under 1 Year	5c. Under 1 Day	6. Decedent's Education	7. Date of Death
<b>Male</b>	<b>68</b>	<b>Months</b>	<b>Days</b>	<b>XXXXXXXX</b>	<b>Skagit</b>
8. Birthplace (City, Town, or County)	9. State or Foreign Country	10. Decedent's Education			
<b>XXXXXXXX Van Buren</b>	<b>Missouri</b>	<b>9th Grade</b>			
11. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		12. Decedent's Race(s)		13. Was Decedent ever in U.S. Armed Forces?	
<b>No</b>		<b>Caucasian</b>		<b>No</b>	
14a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.)				14b. City or Town	
<b>400 North Gardner Road</b>				<b>Burlington</b>	
15. Residence: County		16. Tribal Reservation Name (if applicable)		17. State or Foreign Country	
<b>Skagit</b>				<b>Washington</b>	
18. Estimated length of time at residence.		19. Marital Status at Time of Death		20. Surviving Spouse's Name (Give name prior to first marriage)	
<b>12 years</b>		<b>Married</b>		<b>Linda Ellis</b>	
21. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIREE))		22. Kind of Business/Industry (Do not use Company Name)			
<b>Truck Driver</b>		<b>Long Haul Trucking</b>			
23. Father's Name (First, Middle, Last, Suffix)		24. Mother's Name Before First Marriage (First, Middle, Last)			
<b>Lendal Leon Hanger</b>		<b>Sarah Amanda XXXX</b>			
25. Informant's Name		26. Relationship to Decedent		27. Mailing Address: Number/Street or RFD No. City or Town State Zip	
<b>Linda Hanger</b>		<b>Spouse</b>		<b>400 N Gardner Road Burlington, WA 98233</b>	
28. Place of Death, if Death Occurred in a Hospital:					
29. Place of Death, if Death Occurred Somewhere Other than a Hospital:					
<b>Decedent's Home</b>					
30. Facility Name (If not a facility, give number & street)		31. City or Town, State, and Zip Code of Death		32. State Zip Code	
<b>400 North Gardner Road</b>		<b>Burlington</b>		<b>WA 98233</b>	
33. Method of Disposition		34. Place of Disposition (Name of cemetery, crematory, other place)		35. Location-City/Town, and State	
<b>Burial</b>		<b>Union Cemetery</b>		<b>Sedro-Woolley, WA</b>	
36. Name and Complete Address of Funeral Facility		37. Date of Disposition		38. Date of Disposition	
<b>Lemley Chapel 1008 third St. Sedro-Woolley, Wa 98284</b>		<b>March 27, 2004</b>		<b>March 27, 2004</b>	
39. Funeral Director Signature & Title					
<b>Rich Lemley</b>					
40. Cause of Death (See instructions and examples)					
41. 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. <b>Compulsive Heart Failure</b>		Interval between Onset & Death	
Due to (or as a consequence of):		b. <b>Coronary Heart Disease with Arrhythmias</b>		Interval between Onset & Death	
Due to (or as a consequence of):		c. <b>Arrhythmias</b>		Interval between Onset & Death	
Due to (or as a consequence of):		d. <b>Hypertension &amp; Cigarette Smoking</b>		Interval between Onset & Death	
42. Other significant conditions contributing to death but not resulting in the underlying cause given above		43. Autopsy?		44. Were autopsy findings available to complete the Cause of Death?	
<b>Severe Mitral Regurgitation; Adult Onset Diabetes Mellitus; COPD</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. Manner of Death		46. If female		47. Did tobacco use contribute to death?	
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
48. Date of Injury (mm/dd/yyyy)		49. Hour of Injury (24hrs)		50. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
51. Location of Injury: Number & Street		52. City or Town		53. State	
54. Describe how injury occurred		55. If transportation injury, specify:			
		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
56. Certifying Physician - To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) stated		57. 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			
<b>Stephen Aldrich, MD</b>		<b>Stephen Aldrich, MD</b>			
58. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		59. Hour of Death (24hrs)		60. Date Certified (mm/dd/yyyy)	
<b>Stephen Aldrich, MD 1030 Fairhaven Ave Burlington, WA 98233</b>		<b>0900 hrs</b>		<b>March 22, 2004</b>	
61. Name and Title of Attending Physician (if other than Certifier (Type or Print))		62. ME/Coroner File Number		63. Was case referred to medical examiner?	
		<b>NJA-084</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
64. Title of Certifier		65. License Number		66. Registrar Signature	
<b>Physician</b>		<b>WA 000 13642</b>		<b>Dorothy Espe deputy</b>	
67. Record Amendment		68. Date Received (mm/dd/yyyy)		69. Reviewed by	
		<b>MAR 23 2004</b>			



DOHCHS 003 Rev 3/24/2003

DOH-01-003 (5/03)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



# Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number												
Use the section below for requesting any changes on the record.																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)												
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)														
The Record is incorrect or incomplete as follows:																
6. The Record now shows:		7. The True fact is:														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:												
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.																
15. Signature:		16. Date:		17. Address:												
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p><b>All changes must be established by documentary proof submitted with the affidavit</b></p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
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Insurance Records	Birth Record	Alien Registration Card (front and back)														
Marriage/Divorce Records	Passport															
<p><b>Birth Certificates:</b></p> <ol style="list-style-type: none"> <li>Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</li> <li>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.</li> <li>Proof must be five (or more) years old or have been established within five years of birth.</li> <li>Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> <li>- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.</li> <li>- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.</li> <li>- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.</li> </ul> </li> <li>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).</li> <li><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b></li> </ol>																
<p><b>Death Certificates:</b></p> <ol style="list-style-type: none"> <li>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> <li>If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</li> </ol>																
<p><b>Marriage/Dissolution (Divorce) Certificates:</b></p> <ol style="list-style-type: none"> <li>Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.</li> <li>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</li> </ol>																

DOH/CHS 023 (Rev. 9/2002)

**\*CERTIFIED\***

MAR 23 2004

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

LL 00289565



of any Court. I hereby further provide that my estate shall be settled in the manner herein provided and stated and without the intervention of any Court except to probate this Will, to file an inventory of all property of said estate, give the required notice to creditors and to the State Board or person having charge of collection of inheritance tax and to make the settlement required by law.

FOURTH:

In the event that LINDA MAE HANGER is unable to serve as Personal Representative of my estate, I direct that MARCIA CARTER shall be the Personal Representative of my estate. I direct that MARCIA CARTER serve without bond and without the intervention of any Court as provided by law and with the powers stated in paragraph "THIRD", above.

FIFTH:

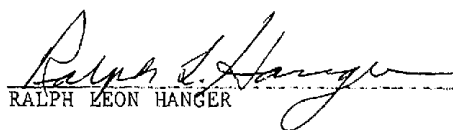
I hereby appoint LINDA MAE HANGER as Guardian of the person and estate of my said minor children. In the event that LINDA MAE HANGER is unable to serve as Guardian, I hereby direct that MARCIA CARTER serve as Guardian of the person and estate of my said minor children.

SIXTH:

I hereby revoke any and all Wills by me made and declare this to be my Last Will and Testament.

IN WITNESS WHEREOF, I, RALPH LEON HANGER have hereunto set my hand on this 21<sup>st</sup> day of February, <sup>1970</sup>~~1989~~, and I have called Baibara Booth and Sindie A. Howland to attest this Will by witnessing my signature hereto and by signing their names hereto as attesting witnesses.

This Will consists of three (3) sheets of typewritten matter and for the purpose of identification, I have signed my name on each sheet on the margin thereof.

  
RALPH LEON HANGER

A T T E S T A T I O N

We, Barbara Booth and Sinclair Howland, residents of Skagit County, Washington, hereby certify that on this 21<sup>st</sup> day of February, <sup>1990</sup>~~1988~~, RALPH LEON HANGER, well known to us, exhibited to us the foregoing instrument in writing which he then and there declared to be his Last Will and Testament, consisting of three (3) sheets of typewritten matter and the Testator then and there in our presence signed his name thereto; whereupon we, at his request have signed our names thereto in the presence of each other and in the presence of the said named Testator and we hereby further attest that the signature of the said Testator to said Will is the true signature of the Testator. We further certify that at the signing of this said Will, the said Testator was of sound mind and was not acting under duress or fraud.

Barbara Booth residing Sedro Woolley  
WITNESS

Sinclair A. Howland residing Mount Vernon  
WITNESS

Ralph Leon Hanger  
RALPH LEON HANGER



G. Byom  
Notary Public in and for the State of  
Washington, residing at Mount Vernon.