

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20236097
Date 04/13/2023

LACK OF PROBATE AFFIDAVIT

GRANTOR: THEODORE "TED" NORMAN MEYER
GRANTEE: LEILA J. MEYER
PARCEL NUMBER: P110575
LEGAL DESCRIPTION: LOT 38, BLOCK 224, "MAP OF THE CITY OF ANACORTES" (Full
legal found on pages 2 & 3)
REFERENCE NUMBERS: 200512130127 (Previous Deed)

STATE OF WASHINGTON)
) ss.
COUNTY OF *COUNTY*)

I, LEILA J. MEYER, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of THEODORE "TED" NORMAN MEYER, who died intestate on the 30th day of May, 2019, in Anacortes, Skagit, Washington State, and who is a resident of Anacortes, Skagit County, Washington State, with a certified copy of said death certificate attached hereto as Exhibit A;

THAT said THEODORE "TED" NORMAN MEYER and I were married on the 24th day of June, 1972. That there is one (1) child born of THEODORE "TED" NORMAN MEYER, namely; BRUCE MEYER. That THEODORE "TED" NORMAN MEYER does not have any deceased children with issue, nor had he ever adopted any children;

UNOFFICIAL
THAT THEODORE "TED" NORMAN MEYER never executed a Last Will and Testament; however, THEODORE "TED" NORMAN MEYER's entire estate, including real property interests (all of which were community property), passed to the surviving spouse LEILA J. MEYER, pursuant to intestate succession laws, RCW 11.04.015(1)(a);

THAT pursuant to the above referenced documentation and pursuant to the operation of law I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

LEILA J. MEYER, age 87, Surviving Spouse
2316 26th Street
Anacortes, Washington

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

THAT the decedent had never received from the State of Washington assistance consisting or nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate Tax due as a result of the decedent's death;

THAT no probate of the Estate of THEODORE "TED" NORMAN MEYER has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of his death, or in which he had an interest was community property, was situated in Skagit County, Washington and is more particularly described as follows:

LOT 38 OF SURVEY RECORDED DECEMBER 23, 1996, IN VOLUME 19 OF SURVEYS, PAGES 31 THROUGH 35, UNDER AUDITOR'S FILE NO. 9612230056, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF BLOCK 224, "MAP OF THE CITY OF ANACORTES", ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGES 4 THROUGH 7, RECORDS OF SKAGIT COUNTY, WASHINGTON.

EXCEPTIONS:

- A. PROTECTIVE COVENANTS AND/OR EASEMENTS, BUT OMITTING RESTRICTIONS IF ANY, BASED ON RACE, COLOR, RELIGION OR NATIONAL ORIGIN:

DATED: DECEMBER 16, 1996
RECORDED: FEBRUARY 27, 1997
AUDITOR'S NO.: 9702270080
EXECUTED BY: HOMESTEAD NORTHWEST, INC.

SAID INSTRUMENT IS A RE-RECORDING OF INSTRUMENT RECORDED UNDER AUDITOR'S FILE NO. 9612230057.

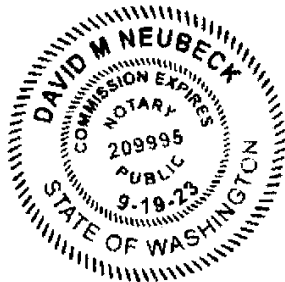
Parcel No.: P110575


THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Dated this 6th day of April, 2023.


LEILA J. MEYER

SUBSCRIBED AND SWORN to before me, by LEILA J. MEYER, this 6th day of April, 2023.




DAVID M. NEUBECK
Notary Public in and for the
State of Washington
Residing in Bellingham
My commission expires: 09/19/2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-024482

DATE ISSUED: 06/07/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TED NORMAN

LAST NAME(S): MEYER

AKA: THEODORE NORMAN MEYER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 30, 2019

HOUR OF DEATH: 07:10 PM

SEX: MALE

AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SANTA MONICA, CA

MARITAL STATUS: MARRIED

SPOUSE: LEILA JO HULL

OCCUPATION: DESIGN ENGINEER

INDUSTRY: AEROSPACE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: LEILA JO MEYER

RELATIONSHIP: WIFE

ADDRESS: 2316 26TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: MYOCARDIAL INFARCTION

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

AKA:

AKA:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: FIDALGO REHABILITATION

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2316 26TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: ARTHUR HENRY MEYER

MOTHER/PARENT: LOUISE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JUNE 03, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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: ANDREA CATRELL, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #600

CITY, STATE, ZIP: TACOMA, WA 98402

DATE SIGNED: MAY 31, 2019

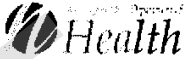
CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ANDREA CATRELL

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JUNE 03, 2019



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

Required information must match current information on record

Required	Record type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record:		2. Date of Event:
	4. Father/Parent Full Legal 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 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:			

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 foregoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):
 Printed name: Date: 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

- 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.
- 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

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

CERTIFIED

JUN 07 2019

Howard Leibrand

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

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



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