

Return Address:

1501 Collins Road #616
Sedro-Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/05/2023

GNW 23-18093

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Shirlee Verrall, being first duly sworn
Name of Affiant
Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real
Property described below, as is Spouse
Relationship to decedent
of Eldon Verrall who died on 07/03/2011
Decedent/Grantor Date
at Burlington, Skagit WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

20333 Christie Place, Burlington WA 98233

Lot 15, "SHAMROCK PLACE", as per plat recorded in Volume 17 of Plats, pages
3 and 4, records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P112959

(Attach full legal description(s) of the property)

☒ Decedent left no Last Will and Testament and no Community Property Agreement; or

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

☐ Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

☐ Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Shirlee Verrall, 93 Spouse

Full name, age and relationship

1501 Collins Road #614 Sedro Woolley 98284

Address

City

State

Zip

Jennifer Butcher

Full name, age and relationship

Sedro Woolley, WA

Address

City

State

Zip

David Verrall

Full name, age and relationship

Anacortes, WA

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

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Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 200,000 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (☒) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (☒) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 6/01/23
SHIR LEE MARGARET VERRALL 757-3433
Affiant's full name Telephone number
20333 MARTIE PL. BURLINGTON WA 98273
Street City State Zip Code

State of Washington County of Skasit

I know or have satisfactory evidence that Shir Lee Verrall
(Name of Person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: June 01, 2023 Jodie L S
Signature of Notary Public

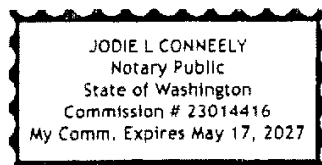
(SEAL OR STAMP)

Residing at Bellingham, WA

Notary Public in and for the State of WA

My appointment expires: May 17, 2027

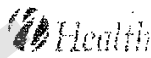
(Based on REV 84 0017 (1/3/17))



STATE OF WASHINGTON DEPARTMENT OF HEALTH									
Local File Number <i>546-11</i>		Washington State Certificate of Death				State File Number			
1. Legal Name (Surname, first, middle, last, suffix) Eldon Harry Verrall					2. Death Date Jul 3, 2011				
3. Sex (M/F) M	4a. Age - Last Birthday 86	4b. Under 1 Year Months 0	4c. Under 1 Day Days 0	5. Social Security Number 98233	6. County of Death Skagit				
7. Birth Date 11/11/24		8a. Birthplace (City, Town, or County) Anacortes		8b. (State or Foreign Country) Washington		9. Decedent's Education Associates Degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No				11. Decedent's Race(s) Caucasian		12. Was Decedent born in U.S. Armed Forces? Yes			
13a. Residence: Number and Street (e.g., 554 SE 1st St) (Include Apt. No.) 20333 Christie Place					13b. City or Town Burlington				
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) Washington		13e. State or Foreign Country Washington		13f. Zip Code - 4 98233		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence 12 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Use name prior to first marriage) Shir Lee Margaret Gudliranson					
17. Usual Occupation (Specify type of work done during week of working life. (DO NOT USE NEARBY)) Plywood Manufacturer				18. Kind of Business/Industry (Do not use Company Name) Plywood Mills					
19. Father's Name (First, Middle, Last, Suffix) Claude (unk) Verrall				20. Mother's Name (First, Middle, Last, Suffix) Myrtle (unk)					
21. Informant's Name Shir Lee M. Verrall		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street (Include Apt. No.) 20333 Christie Place		23b. City or Town Burlington		23c. State WA	
24. Place of Death (Specify if occurred in a hospital) 20333 Christie Place				25. Facility Name (If not a facility, give number & street or location) Northwest Crematory					
26. City, Town, or Location of Death Burlington		26b. State WA		27. Zip Code 98233		28. Date of Disposition Jul 8, 2011			
29. Method of Disposition Cremation				30. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		31. Location: City/Town and State Anacortes, Washington		32. Name and Complete Address of Funeral Facility Syva Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221	
33. Funeral Director Signature <i>Jennie Helman</i>				34. Cause of Death (See instructions and examples) Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. Generalized Dementia Due to (or as a consequence of) Progressive Dementia Due to (or as a consequence of) Chronic Congestive Heart Failure Due to (or as a consequence of) Chronic					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. Date of Injury (dd/mm/yyyy) 06/05/2011		42. Place of Injury (e.g., Decedent's home, car, school, etc.) Home	
43. Location of Injury: Number & Street 20333 Christie Place		44. City or Town Burlington		45. State WA		46. Zip Code - 4 98233		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician (Physician, Medical Examiner or Coroner) (Type or Print) Sandeep Bal				48b. Medical Examiner/Coroner (Type or Print) Sandeep Bal		49. Hour of Death (mm) 0630		50. Date Signed (mm/dd/yyyy) Jul 5, 2011	
51. Title of Certifier M.D.		52. License Number MD60067804		53. ME/Coroner File Number NJA #354		54. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		55. Registrar Signature <i>Darby Ross</i>	
56. Date Received (mm/dd/yyyy) JUL 5 2011				57. Amendments					

DOH/DHS 003 Rev 07/04/07

DOH 01-003 (06-10)



Affidavit for Correction

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

Center for Health Statistics
600 3rd Street
Olympia, WA 98501-7814
Phone: 360-450-2000

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: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 12. Date of Event: 13. Place of Event (City or County):

4. Father's Full Name (or Stepfather, Husband or Manager or Director): 5. Mother's Full Name (or Stepmother, Wife or Manager or Director):

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: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Telephone Number:
☐ Funeral Director ☐ Other (Specify):

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:

All vital records are registered as required. An item may be changed only by affidavit or by court order. Subsequent changes must be made by court order.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof: Certificate of Naturalization, Military Record (DD-214), Birth Record, Passport, School Records, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
1. Only a parent, legal guardian (18 or older), or the adult themselves (18 or older) may change the birth certificate.
2. The proof must match exactly the asserted true fact. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
- There is one (1) only change. Subsequent changes at a later date require a certified copy of a court ordered name change.
- 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.
- Affidavits over 100 days old require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parents may change their child's last or middle name by completing and signing the Affidavit for Correction (sent from child's 18th birthday).
6. This affidavit cannot be used to add a father to a birth certificate. Use the paternity affidavit - form DCH-CHS-ES1.

Death Certificates:
1. Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is witnessed) 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.

3. If a spouse has died, date of death please provide the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Persons fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.

2. To change the date or place of marriage or dissolution, the officiant (minister) or clerk of court (dissolution) must sign the affidavit.

CCHHS-06/05/2023

CERTIFIED

JUL 14 2011

H. J. Anderson

Shagin County Public Health Department
Kathleen February M.D., Health Officer

UU00451128