

After Recording, please return to:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
210094-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Shannon Burrow
DATE 02/09/2024

Document Title(s): Lack of Probate
Reference Number(s) of Documents assigned or released: (on page __ of document(s)) n/a
Grantor(s): The Estate of Jeannine M. Zurcher
Additional Names on page of document.
Grantee(s): Stephen Michael Zurcher, Theresa Ann Moore, and Louis Lee Zurcher, Surviving Heirs and Devisees of The Estate of Jeannine M. Zurcher
Additional Names on page of document.
Abbreviated Legal Description: Lots 11 & 12, Ptn Lot 13, Blk 11, Kellogg & Ford's Add to Anacortes
Additional legal is on page of document.
Tax Parcel Number(s): 3800-011-012-0108/P57752

Return Address:

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210094-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantees Stephen Michael Zurcher, Theresa Ann Moore, and Louis Lee Zurcher, being first duly sworn deposes and states as follows:

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

_____ of _____,
Relationship to decedent *Decedent/Grantor Name*

who died on June 29, 2021 at _____
Date

_____ Washington _____
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lots 11 & 12, Ptn Lot 13, Blk 11, Kellogg & Ford's Add to Anacortes

Assessor's Property Tax Parcel/Account Number: 3800-011-012-0108/P57752
(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)

Louis Lee Zuvich 67 yr. Son 7655 68th Street NE
Full name, age, relationship, address
Marysville WA. 98270

Theresa Ann Aloia 69 15720 York-Drive Anacortes Wa
Full name, age, relationship, address Daughter 98221

Stephen M Zerkow 68 son 12999 Thompson Rd Anacortes wa 98221
Full name, age, relationship, address

Full name, age, relationship, address

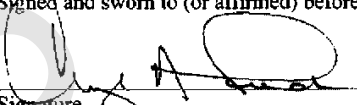
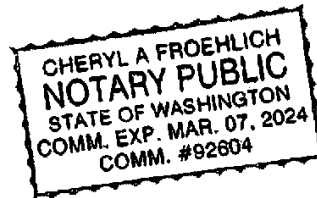
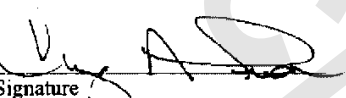
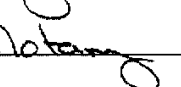
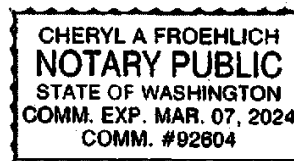
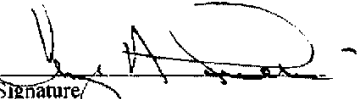
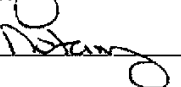
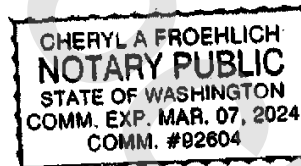
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 1-30-24Louis Lee Zuecker
Affiant's full name(360) 854-8740
Telephone number7655 68th NE
StreetWaysville WA 98270
City State Zip CodeLouis Lee Zuecker 1-30-24
Signature DateTheresa Ann Moore
Affiant's full name360-399-1031 Lead Line
Telephone number15720 York Rd
StreetGraceland WA 98221
City State Zip CodeTheresa Ann Moore Jan 30 2024
Signature DateStephen M Zuecker
Affiant's full name360-319-1885
Telephone number12999 Thompson Rd N
StreetAracorte WA 98221
City State Zip CodeStephen M Zuecker 01/30/2024
Signature Date

STATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 30 day of Jan, 2024 by Stephen Michael Zurcher.
Signature
TitleMy appointment expires: 3-7, 2024STATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 30 day of Jan, 2024 by Theresa Ann Moore.
Signature
TitleMy appointment expires: 3-7, 2024STATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 30 day of Jan, 2024 by Louis Lee Zurcher.
Signature
TitleMy appointment expires: 3-7, 2024

Legal Description

Lots 11, 12, and the East 20 feet of Lot 13, Block 11, KELLOGG & FORD'S ADDITION TO ANACORTES, according to the plat thereof, recorded in Volume 1 of Plats, page 41, records of Skagit County, Washington.

Situated in Skagit County, Washington.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-031548

DATE ISSUED: 07/07/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JEANNINE MARIE
LAST NAME(S): ZURCHER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 29, 2021
HOUR OF DEATH: 07:26 PM
SEX: FEMALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE:
BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SELF EMPLOYED
INDUSTRY: JANITORIAL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: SUSAN ZURCHER
RELATIONSHIP: DAUGHTER-IN-LAW
ADDRESS: 12999 THOMPSON ROAD, ANACORTES, WA 98221

CAUSE OF DEATH:
A: CARDIAC ARREST FROM MYOCARDIAL INFARCT
INTERVAL: DAYS
B: CORONARY ARTERY DISEASE
INTERVAL: YEARS
C: DIABETES
INTERVAL: YEARS
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

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 3118 - D AVENUE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

FATHER: LOUIS LAPLACE
MOTHER: CLARA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JULY 06, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: JULY 01, 2021

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JULY 06, 2021

 Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
This is a legal document. Complete in ink and do not alter.			
STATE OFFICE USE ONLY			
State File Number	Fee Number	Initials	Date
Required information must match current information on record			
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: _____	
3. Place of Event: _____ (City or County)			
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First Middle Last		First Middle Last	
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: _____			
PG Box or Street 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 currently shows:		The true fact is:	
8. _____		9. _____	
10. _____		11. _____	
12. _____		13. _____	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.			
14a. Signature: _____		14b. Signature of 2nd parent (if required): _____	
Printed name: _____		Printed name: _____	
Date: _____		Date: _____	
INSTRUCTIONS – go to 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:			
<ul style="list-style-type: none"> • 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		Adult (18 years or older)	
<ul style="list-style-type: none"> • 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 parent's 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. 		<ul style="list-style-type: none"> • 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			
1. 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.			
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.			
Marriage/Dissolution (Divorce) Certificates			
1. 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.			
2. 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

JUL 07 2021


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



0 4 4 9 9 8 6 4

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