

Return Address:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
211461-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/18/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lawrence Black, 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

SON of DONALD B. BLACK
Relationship to decedent *Decedent/Grantor Name*

who died on 8-16-23 at
Date

ANACORTES SKAGIT WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 81, Skyline #8

Assessor's Property Tax Parcel/Account Number: 3824-000-081-0000/P59738
(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)

301 FOREST AVE., LAGUNA BEACH, CA 92651

LAWRENCE BLACK / 63 / SON

Full name, age, relationship, address

27536 COUNTRY LANE RD., LAGUNA NIGUEL, CA 92677

JEANINE DIMMICK / 68 / DAUGHTER

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

Full name, age, relationship, address

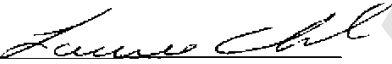
Dated: 4-9-24LAWRENCE BLACK
Affiant's full name949-494-9411
Telephone number301 FOREST AVE.

<u>LAGUNA BEACH</u>	<u>CA</u>	<u>92651</u>
City	State	Zip Code

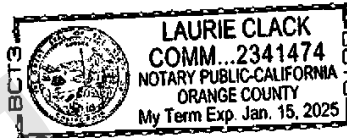
<u></u>	<u>4-9-24</u>
Signature	Date

STATE OF ~~WASHINGTON~~ California
COUNTY OF ~~SKAGIT~~ Orange

Signed and sworn to (or affirmed) before me on this 9 day of April, 2024 by
LAWRENCE BLACK


Signature

Notary
Title



My appointment expires: Jan 15, 2025

Legal Description

Lot 81, "SKYLINE NO. 8," as per plat recorded in Volume 9 of Plats, pages 72, 73 and 74, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 08/28/2023
FEE NUMBER:

CERTIFICATE NUMBER: 2023-040780

FIRST AND MIDDLE NAME(S): DONALD BRUCE
LAST NAME(S): BLACKCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 16, 2023
HOUR OF DEATH: 01:00 AM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTHPLACE: LOS ANGELES, CAMARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: ATTORNEY
INDUSTRY: INSURANCE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YESINFORMANT: LAWRENCE B BLACK
RELATIONSHIP: SON
ADDRESS: 301 FOREST AVENUE, LAGUNA BEACH, CA 92651CAUSE OF DEATH:
A: CHRONIC KIDNEY DISEASE
INTERVAL: YEARS
B: HYPERTENSION
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
CONGESTIVE HEART FAILUREDATE 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: DECEDENT'S HOME
FACILITY OR ADDRESS: 5012 KINGSWAY
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 5012 KINGSWAY
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARSFATHER: FREEMAN CARLTON BLACK
MOTHER:METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: AUGUST 23, 2023

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

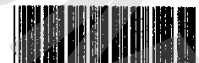
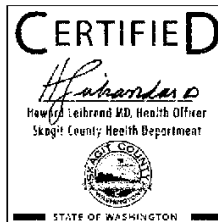
ADDRESS: PO BOX 433
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: AUGUST 18, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: AUGUST 23, 2023

DQH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

 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
Affidavit Number			
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:	
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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 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 2 nd parent (if required):	
Printed name:	Date:	Printed name:	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 recordMilitary record (DD-214)School transcriptsSocial Security Numident ReportCertificate of NaturalizationHospital/medical recordCopy of Passport / Enhanced IDGreen/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			
<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 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.*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 (18 years or older)			
<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.			
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.			

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



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