

Return Address:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
211992-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 07/16/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee James D. Thomas, 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

heir of surviving spouse of James Merwin Thomas,
Relationship to decedent *Decedent/Grantor Name*

who died on 5/3/2015 at
Date

Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 31, Skyline No. 4

Assessor's Property Tax Parcel/Account Number: 3820-000-031-0005/P59246
(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)

Virginia R. Thomas, Surviving Spouse, 4409 Bryce Dr.

Anacortes WA 98221, age 88

Full name, age, relationship, address

James D. Thomas, Son, 107 N. 30th Avenue

Yakima WA 98902, age 68

Full name, age, relationship, address

Carrie S. Thomas, daughter, 2161 McLean Blvd

Eugene OR age 66

Full name, age, relationship, address

Jennifer K. Sentaic, daughter, 4409 Bryce Dr

Anacortes WA, age 62

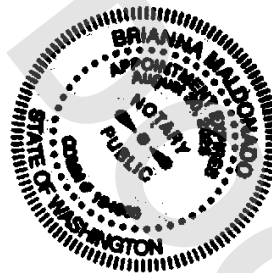
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 7/15/24James David Thomas
Affiant's full name509-961-6948
Telephone number107 N. 30th Avenue
Yakima WA 98902
City State Zip Code[Signature] 7/15/24
Signature DateSTATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 15 day of July, 2024 by
James David ThomasBrianna M. Dowd
SignatureNotary Public
TitleMy appointment expires: Aug 30, 2025

Legal Description

Lot 31, "SKYLINE NO. 4", as per plat recorded in Volume 9 of plats, pages 61 and 62, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-012357

DATE ISSUED: 05/12/2015

FEE NUMBER: 0000000029

GIVEN NAMES: JAMES HERWIN
LAST NAME: THOMASCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 03, 2015
HOUR OF DEATH: 05:55 P.M.
SEX: MALE
AGE: 83 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE:
BIRTHPLACE: SANTA CRUZ, SANTA CRUZ CNTY, CALIFORNIAMARITAL STATUS: MARRIED
SPOUSE: VIRGINIA RAY COXOCCUPATION: RESEARCH BIOLOGIST
INDUSTRY: PESTICIDES
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YESINFORMANT: VIRGINIA R. THOMAS
RELATIONSHIP: SPOUSE
ADDRESS: 4409 BRYCE DR, ANACORTES, WA 98221PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ROSARIO ASSISTED LIVING FACILITY
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 4409 BRYCE DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YESCOUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARSFATHER: RAYMOND W THOMAS
MOTHER:METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: MAY 05, 2015FUNERAL FACILITY: NEPTUNE SOCIETY - SMOHOMISH
ADDRESS: 19324 - 40TH AVE W, STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAMCAUSE OF DEATH:
A. ALZHEIMERS TYPE DEMENTIA
INTERVAL: YEARSB.
INTERVAL:C.
INTERVAL:D.
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH:
PARTIAL COMPLEX SEIZURESDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: JASON G. HOGGE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1213-24TH STREET, SUITE 100
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: MAY 04, 2015STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: DOB

LOCAL DEPUTY REGISTRAR:
MEL PEZAROSA
DATE RECEIVED: MAY 05, 2015NUMBER(S): 2015061989
DATE(S): 05/07/2015

DOH 01-003 (5-14)

Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name: _____ 5. Mother/Parent Full Birth Name: _____

The record is incorrect or incomplete as follows:

The record now shows: _____ The true fact is: _____

6. _____ 7. _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ 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: _____

(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.
We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

Birth Certificates

- Only a parent, 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 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.
- Child under 18**
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.

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). 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

CERTIFIED

MAY 12 2015

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

BB00185917