

After recording, return to:  
Pauline R Hinchman  
C/O Insteel Maxwell & Assoc.  
PO Box 32510  
Bellingham WA 98228

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20241502  
Date 07/25/2024

Chicago Title  
620056044

Grantor (Name of Decedent): Dan William Pfeifer  
Grantee (Heirs): Pauline Pfeifer Hinchman  
Abbreviated Legal Description: Tax/Map ID(s): Lts 1 THRU 5 & Lts 10 THRU 13, Bk 8, Map of a syndicate, Addn to the town of LaConner  
Tax Parcel No.(s): 274290 / 4128-008-013-0007

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington  
COUNTY OF Skagit

The undersigned, Pauline Hinchman, executes this affidavit relating to the estate of Dan William Pfeifer (herein "Decedent"), who died on December 12<sup>th</sup> 1974 in the County of Skagit, State of Washington, then being a resident of the City of LaConner, County of Skagit, State of Washington.  
(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_ in \_\_\_\_\_ County, Washington.
- other (identify): The Conservator of Pauline Hinchman

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: William Pfeifer, Son

Name and relationship: Danella Pfeifer, Daughter

Name and relationship: August Pfeifer, Son

Name and relationship: Nicholas Pfister, Son

**Description of the Property** Pauline Pfeifer Hinchman, Spouse

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

5. **Status of the Will (if any)**

The decedent left a Will that devises real property.

The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Cindy Maxwell CPC  
Signature

CINDY MAXWELL for the Estate of Pauline Hinchman  
Print Name

State of Washington

County of Whatcom

Signed and sworn to (or affirmed) before me on May 10 2024 by Cindy Maxwell as Guardian for the Estate of Pauline Hinchman  
(name of person making statement).

Stephanie Indee Stephanie Indee  
Name:

Notary Public in and for the State of Washington,  
Residing at: 2311 Elm St. Bellingham, Washington

My appointment expires: June 5, 2024



STATE OF WASHINGTON DEPARTMENT OF HEALTH



WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES BUREAU OF VITAL STATISTICS

TYPE, OR PRINT IN PERMANENT INK

0-2 LOCAL FILE NUMBER

247

CERTIFICATE OF DEATH

STATE FILE NUMBER 28723

1. DECEASED—NAME: **Dan William Pfeifer** (FIRST, MIDDLE, LAST) SEX: **Male** DATE OF DEATH (MONTH, DAY, YEAR): **Dec. 12, 1974**

2. RACE: **White** AGE—LAST BIRTHDAY (YEARS, MOS., DAYS): **39** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH (MONTH, DAY, YEAR): [REDACTED] COUNTY OF DEATH: **Skagit**

3. CITY, TOWN, OR LOCATION OF DEATH: **LaConner** 7c. HOSPITAL OR OTHER: **yes** 7d. **Dunlap Towing Bldg. N. 1st Street**

4. STATE OF BIRTH (IF NOT IN U.S.A., NAME OF COUNTRY): **Nebraska** 9. CITIZEN OF WHAT COUNTRY: **USA** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **Pauline Greenwald**

5. SOCIAL SECURITY NUMBER: [REDACTED] 12a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Supervisor** 12b. KIND OF BUSINESS OR INDUSTRY: **Dunlap Towing**

6. RESIDENCE—STATE: **Washington** COUNTY: **Skagit** CITY, TOWN, OR LOCATION: **LaConner** 13a. INSIDE CITY LIMITS (SPECIFY YES OR NO): **yes** 13b. STREET AND NUMBER: **518 Birch Lane**

7. FATHER—NAME: **Daniel Albert Pfeifer** (FIRST, MIDDLE, LAST) MOTHER—MAIDEN NAME: **Laura** (FIRST, MIDDLE, LAST)

8. INFORMANT—NAME: **Mrs. Pauline Pfeifer** MAILING ADDRESS: **PO Box 131 LaConner, Washington**

DECEASED USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE: **ASPHYXIA**

(b) DUE TO, OR AS A CONSEQUENCE OF: **CARBON MONOXIDE POISONING** MINUTES

(c) DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]

PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))

DEATH WITHOUT MEDICAL ATTENDANCE: **yes** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: **yes**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): **SUICIDE** DATE OF INJURY (MONTH, DAY, YEAR): **12-12-74** HOUR: **1:30A** HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1): **FALLS FROM ENGINE AND CAB OF TRUCK**

INJURY AT WORK (SPECIFY YES OR NO): **NO** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): **GARAGE** LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): **DUNLAP TOWING, LA CONNER WA**

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR DID/DID NOT VIEW THE BODY AFTER DEATH: **NO** DEATH OCCURRED AS THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, BELIEF, AND OPINION, DUE TO THE CAUSE(S) STATED: **1:30AM**

CERTIFICATION—CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED: **27th December 12 1974 8:45 A.M.**

CERTIFIER—NAME (TYPE OR PRINT): **IAN BLACK** SIGNATURE: [Signature] DEGREE OR TITLE: **MD** DATE SIGNED (MONTH, DAY, YEAR): **12-12-74**

MAILING ADDRESS—CERTIFIER: **RIDE DIVISION MT VERNON WA** CITY OR TOWN: **MT VERNON** STATE: **WA**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY—NAME: **Hawthorne Lawn Cem** LOCATION: **Mount Vernon, Washington**

DATE (MONTH, DAY, YEAR): **Dec 16, 1974** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **Wern Funeral Home 1122 S. 3rd St. Mt. Vernon, Wa. 9827**

FUNERAL DIRECTOR—SIGNATURE: [Signature] REGISTRAR—SIGNATURE: [Signature] DATE RECEIVED BY LOCAL REGISTRAR: **12-13-74**

DHS 9-68 (6-73) (REA 67) (Formerly S.F. 8191)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

202407250021

Mail to: Center for Health Statistics  
07/25/2024 10:56 AM Page 4 of 5  
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
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### Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)	
	1. Name on Record: First Middle Last	2. Date of Event: MM/DD/YYYY
	3. Place of Event: (City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden
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: PO Box or Street Address	City	State	Zip
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 forgoing 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](http://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:

- 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**

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

**Child under 18**

- 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.

**Adult (18 years or older)**

- Only the adult can change their own 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**

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



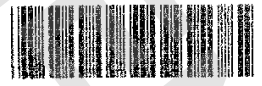
Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar.

*Katherine Hutchinson*

ISSUED

JUN 05 2024



0 6 9 7 9 5 3 1

**EXHIBIT "A"**

**Order No.:** 245462414

LOTS 1 THROUGH 5, AND LOTS 10 THROUGH 13, BLOCK 8, MAP OF SYNDICATE ADDITION TO THE TOWN OF LACONNER, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 109, RECORDS OF SKAGIT COUNTY, WASHINGTON; EXCEPT THAT PORTION THEREOF CONVEYED TO SKAGIT COUNTY FOR ROAD PURPOSES BY DEED DATED JULY 20, 1955, RECORDED JULY 29, 1955 UNDER AUDITOR'S FILE NO. 521728, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.