

**FILED FOR RECORD AT REQUEST OF:**

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20253942  
Date 12/08/2025

**WHEN RECORDED RETURN TO:**

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

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**LACK OF PROBATE AFFIDAVIT**

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**GRANTOR:** THOMAS P. BATZ  
**GRANTEE:** DIANNE M. BATZ  
**PARCEL NUMBERS:** P80357  
P80358  
**LEGAL DESCRIPTIONS:** Lot 25, Horizon Heights Div 1 Vol 11, Pg 90  
Lot 26, Horizon Heights Div 1 (Full legals on pages 2 & 3)  
**REFERENCE NUMBERS:** 200905070048 (Survey)  
9006040077; 8506280130 (Prior Deeds)

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

I, DIANNE M. BATZ (“Affiant”), being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of THOMAS P. BATZ (“Decedent”), who died intestate on January 10, 2019 in Anacortes, Skagit County, Washington, and was at the time of their death a resident of Anacortes, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

THAT the Decedent and I were married on July 22, 1978.

UNOFFICIAL DOCUMENT

THAT three (3) children were born by the Decedent, namely, MICHAEL THOMAS BATZ, PATRICK ROBERT BATZ, and STEVEN ANDREW BATZ, all of whom are adults. THAT the Decedent has no children who are now deceased leaving issue surviving nor had they adopted any children.

THAT the Decedent never executed a Last Will and Testament; however, their entire estate, including real property interests, passed to Affiant, pursuant to intestate succession laws, RCW 11.04.015(1)(a).

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

DIANNE M. BATZ, age 73, Surviving Spouse  
2503 16<sup>th</sup> Street  
Anacortes, Washington

THAT all obligations, expenses of last illness and funeral and burial services owing at the date of death of the Decedent have been paid in full or provided for, and all future and currently unknown expenses connected therewith shall be provided for by the Affiant.

THAT the Decedent had never received from the State of Washington assistance consisting or nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

THAT probate of the Estate of the Decedent has not been instituted nor contemplated.

THAT all of the real property owned by the Decedent at the time of their death, or in which they had an interest was community property, was situated in Anacortes, Skagit County, Washington. There are two (2) parcels, each of which are legally described as follows:

**Parcel #P80357**, commonly known as 1902 38<sup>th</sup> Street Anacortes, Washington

LOT 25, DIVISION NO. 1-HORIZON HEIGHTS ADDITION, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 11 OF PLATS, PAGE 90, RECORDS OF SKAGIT COUNTY, WASHINGTON,

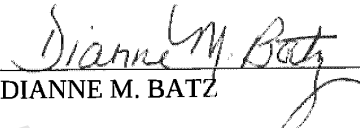
SUBJECT TO: EASEMENTS, RESTRICTIONS AND RESERVATIONS OF RECORD.

**Parcel #P80358**, commonly known as 3718 37<sup>th</sup> Drive, Anacortes, Washington

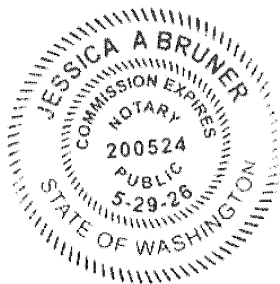
LOT 26, HORIZON HEIGHTS, DIVISION NO. 1, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 11 OF PLATS, PAGE 90, RECORDS OF SKAGIT COUNTY, WASHINGTON.


THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to DIANNE M. BATZ in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(h).

Dated December 5, 2025.

  
DIANNE M. BATZ

SUBSCRIBED AND SWORN to before me, by DIANNE M. BATZ, on December 5, 2025.



  
JESSICA A. BRUNER  
Notary Public in and for the  
State of Washington  
Residing in Bellingham  
My commission expires: 05/29/2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/14/2019  
FEE NUMBER:

CERTIFICATE NUMBER: 2019-001292

FIRST AND MIDDLE NAME(S): THOMAS PAUL  
LAST NAME(S): BATZ

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 10, 2019  
HOUR OF DEATH: 02:15 AM  
SEX: MALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: OTTERBEIN, IN

MARITAL STATUS: MARRIED  
SPOUSE: DIANNE MARGARET CUNNINGHAM

OCCUPATION: ENGINEER  
INDUSTRY: HEALTHCARE  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

INFORMANT: DIANNE BATZ  
RELATIONSHIP: WIFE  
ADDRESS: 1902 - 38TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: MULTIPLE MYELOMA  
INTERVAL: 2 YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
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: HOME  
FACILITY OR ADDRESS: 1902 - 38TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1902 - 38TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER/PARENT: PAUL FREDRICK BATZ  
MOTHER/PARENT: KATHLEEN [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JANUARY 18, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOHN HAAS

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: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: JANUARY 11, 2019

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JANUARY 14, 2019



# Affidavit for Correction

12/08/2025 03:09 PM Page 5 of 6  
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
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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal 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:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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 now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

**I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct**

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

**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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, 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

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

**Death Certificates**

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

# \*CERTIFIED\*

JAN 14 2019

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



0 2 0 2 4 3 7 2

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