



201212070057

Skagit County Auditor

12/7/2012 Page

1 of

5 9:47AM

RETURN TO:

Patrick M. Hayden  
Attorney at Law  
P.O. Box 454  
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

**“NO PROBATE” AFFIDAVIT**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

**1. Mills, Willis R.**

GRANTEE(S) (Last name, first name and initials):

**1. Mills, Jean E.**

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

- 1. Medcalf's Addition, Lot 6**
- 2. TR 9 S/P 137-79 Samish Heights #3**

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

- 1. Parcel #P67423 / Account #3954-000-006-0004**
- 2. Parcel #P50700 / Account #360435-1-009-1000**

**AFFIDAVIT OF TRANSFER PURSUANT TO COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON )

: ss.

COUNTY OF SKAGIT )

I, Jean E. Mills, being first duly sworn on oath, deposes and says:

1. I am a resident of Sedro Woolley, Skagit County, Washington, and am over the age of 18 and am otherwise competent to give the foregoing testimony.

2. I am the surviving spouse of Willis R. Mills, deceased, who died a resident of Skagit County, Washington, on January 14, 2012. A true and exact copy of my spouse's Death Certificate is recorded herewith.

3. On April 3, 1978, my late spouse and I executed a Community Property Agreement, in which we agreed that all of our property presently owned or hereafter acquired whether community or separate property would vest immediately in the survivor of us. The original of that Community Property Agreement is recorded herewith.

4. Willis R. Mills and I owned community property in Skagit County, Washington, described (abrv.) as follows:

- 1. Medcalf's Addition, Lot 6; Parcel #P67423 / Account #3954-000-006-0004
- 2. TR 9 S/P 137-79 Samish Heights #3; Parcel #P50700 / Account #360435-1-009-1000

Pursuant to our Community Property Agreement, complete title to the property located in Skagit County vested in me after the death of Willis R. Mills on January 14, 2012.

5. There are no outstanding creditors of my late spouse and me. My late spouse's funeral expenses and expenses of final illness have been paid.

6. The monetary value of my spouse's estate is not sufficient to require the filing of an estate tax return. Since tax returns are not required to be filed, there is no estate tax owing to the state of Washington or the United States of America by reason of the death of my spouse.

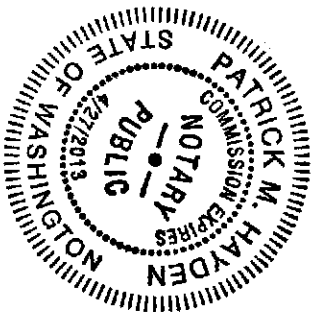
DATED: Dec 6, 2012.

Jean E. Mills  
Jean E. Mills

SUBSCRIBED AND SWORN to before me this 6 day of Dec, 2012.

Patrick M. Hayden

Patrick M. Hayden  
NOTARY PUBLIC in and for the State  
of Washington, residing at Sedro-Woolley  
REAL ESTATE AND INDEMNITY expires: 4.27.13



SKAGIT COUNTY WASHINGTON  
REAL ESTATE AND INDEMNITY

20123893  
DEC 07 2012



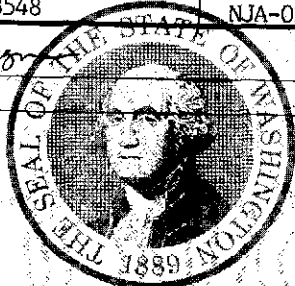
201212070057  
Skagit County Auditor

Amount Paid \$ 0  
Skagit Co. Treasurer  
By MAM Deputy

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **33-12** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) - First Middle LAST			2. Death Date		
WILLIS RAY MILLS			Jan 14, 2012		
3. Sex (M/F) Male	4a. Age - Last Birthday 85	4b. Under 1 Year Months	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skagit
7a. Birthdate		7b. Birthplace (City, Town, or County) Bonesteel	7c. (State or Foreign Country) South Dakota	9. Decedent's Education High School graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (include Apt. No.) 21780 Sterling Drive			13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 48 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jean Temple	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mechanic			18. Kind of Business/Industry (Do not use Company Name) Heavy Equipment Repair		
19. Father's Name (First, Middle, Last, Suffix) Earl Clinton Mills			20. Mother's Name Before First Marriage (First, Middle, Last) Eithel		
21. Informant's Name Jean Mills		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 21780 Sterling Drive Sedro-Woolley, WA 98284	
24. Place of Death, if Death Occurred in a Hospital: Long Term Care Facility			25. Facility Name (if not a facility, give number & street or location) Birchview Memory Care		
26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA		27. Zip Code 98284	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Lawn Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lenley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284			32. Date of Disposition January 20, 2012		
33. Funeral Director Signature X Rick Lenley			Rick Lenley #1567		
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. ALZHEIMER'S DISEASE		Interval between Onset & Death 4-5 years	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt. No.					
46. Describe how injury occurred					
			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated. x Wayne Martin			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, and/or autopsy, death occurred at the time, date, and place, and due to the causes and manner stated. x		
49. Name and address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Wayne Martin, MD 1030 E. Fairhaven Avenue Burlington, WA 98233			50. Hour of Death (24hrs) 2130 hrs		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) January 16, 2012		
53. Title of Certifier Physician		54. License Number MDOO023548		55. ME/Coroner File Number NJA-027	
57. Registrar Signature x Deputy Registrar			58. Date Received (mm/dd/yyyy) JAN 19 2012		
59. Amendments					



201212070057  
Skagit County Auditor



# Affidavit for Correction

Center for Health Statistics  
PO Box 47614  
City of WA 98504-7814  
(360) 236 4303

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

## STATE OFFICE USE ONLY

State File Number:	File Number:	Initials:	Date:	Affidavit Number:
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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: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth) (Spouse for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Name (For Birth) (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is incorrect or incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant Telephone Number: \_\_\_\_\_  
 Funeral Director  Other (Specify) \_\_\_\_\_

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: \_\_\_\_\_

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.  
**All changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).  
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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.
  - Proof must be live (or more) years old or have been established within five years of birth.
  - Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
    - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
    - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
    - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
  - Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
  - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

- Death Certificates:**
- Only the informant, the funeral director or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
  - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
  - If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- 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/CHS 023a 8/11/10

# \*CERTIFIED\*

JAN 19 2012

*Howard Leibrand*  
Howard Leibrand M.D. Health Officer

UU00448806



