201306030074
Skagit County Auditor
6/3/2013 Page 1 of $77.00
6 12:56PM

Return address:

_____

_____

_____

Document Title:

Affdavit of Surving Spouse

Reference Number (if applicable): _____

Grantor(s): [__] additional grantor names on page__.

1) Marivonne I. Whipple

2) _____

Grantee(s): [__] additional grantee names on page__.

1) Public

2) _____

Abbreviated legal description: [__] full legal on page(s) __.

PTN LT 12 Blk 124 First Add to Burl.

Assessor Parcel / Tax ID Number: [__] additional parcel numbers on page __.

P 72095
P 52053
P 72578

AFFIDAVIT OF SURVIVING SPOUSE

LACK OF PROBATE AFFIDAVIT

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20132052
JUN 03 2013
Amount Paid $0
Skagit Co. Treasurer
By nam Deputy

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

MARIVONNE I. WHIPPLE, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of DONALD LEE WHIPPLE, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real properties:

TPN: 4077-124-012-0301 (P72095)

The South 65 feet of the West 135 feet of Lot 12, Block 124, "FIRST ADDITION TO BURLINGTON, SKAGIT CO., WASH.", as per plat recorded in Volume 3 of Plats, page 11, records of Skagit County, Washington.

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

TPN: 3700-008-002-0008 (P52053)

The South 1/2 of the Southwesterly 39.5 feet of Lot 2, Block 8, "MAP OF MOUNT VERNON", as per plat recorded in Volume 2 of Plats, Page 98, records of Skagit County, EXCEPT the East 6 feet conveyed to the City of Mount Vernon for alley purposes by deed dated March 20, 1929, under Auditor's File No. 224225 in Volume 151 of Deeds, Page 206.

TPN: 4085-000-033-0001 (P72578)

Lots 32 and 33, "GILKEYS ADDITION TO BURLINGTON", according to the plat recorded in volume 7 of plats, page 29, records of Skagit County, Washington.

SECOND, I was the surviving spouse of DONALD LEE WHIPPLE and we acquired all of these properties as husband and wife.

THIRD, that said Decedent died on the 27th day of December, 2009 in Skagit County, State of Washington. (Certificate of Death attached as Exhibit A)

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

Name	Relationship	Age
MARIVONNE I. WHIPPLE PO Box 2574 Mount Vernon, WA 98273	Spouse	Legal
SHEILA GODDEN FRALEY 2909 W. Lakeside Drive Moses Lake, WA 98837	Daughter	Legal
MARLA JO VANCE 2019 Riley Road Mount Vernon, WA 98274	Daughter	Legal

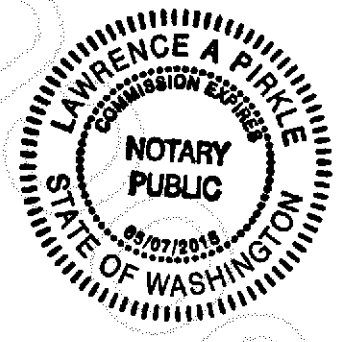
DATED this 22ND day of May, 2013.

Marivonne I. Whipple
MARIVONNE I. WHIPPLE

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that MARIVONNE I. WHIPPLE is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 22nd day of May, 2013.



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/15

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PIRKLE LAW FIRM, INC. P.S.
1220 Memorial Hwy., Suite A
Mount Vernon, Washington 98273
(360) 336-6587

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 1083-09 **Washington State Certificate of Death** State File Number

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Donald	Lee	Whipple		12/27/2009

3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
M	82			534-22-7105	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
03/29/1927	Spokane	WA	Some college credit

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	Yes

Part 1 completed by Funeral Director

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
205 Judy Avenue	Burlington

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit		WA	98233	☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
43 Years	Married	Marivonne Imogene Stover

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Owner	Janitorial Service

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Robert LeRoy Whipple	Myrtle Amanda Anderson

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Marivonne I. Whipple	Wife	205 Judy Avenue, Burlington, WA 98233

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's home

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
205 Judy Avenue	Burlington	WA	98233

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Mount Vernon Cemetery Crematory	Mount Vernon, WA

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Hulbush Funeral Home & Cremation Service 281 South Burlington Blvd. Burlington, WA 98233	12/28/2009

33. Funeral Director Signature X [signature]

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Metastatic Pancreatic Cancer	6 months
	Due to (or as a consequence of):	
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.	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

Part 2 completed by Certifier

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
Adult onset Diabetes · Adenocarcinoma lung	☐ Yes ☒ No	☐ Yes ☑ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☑ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☐ No ☐ 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?
			☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt No.

City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred	47. If transportation injury, specify:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.	48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
X [signature]	X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
David D. Shilling 712 South Burlington Blvd., Burlington, WA 98233	0450
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	12/28/2009

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD		NJA 650	☒ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
x Connie Anderson Deputy	DEC 31 2009
59. Amendments	

DOH/CHS 003 Rev 07/09/07

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Affidavit for Correction

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

Center for Health Statistics
PO Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's "full" Name (For Birth): (Wife for Marriage or Dissolution)

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 forgoing 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. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

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 Records
- Military Record (DD-214)
- Birth Record
- Passport
- School Record
- Voters Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18) or the adult themselves (18 or older) may change the birth certificate.
2. The proof(s) must match exactly as presented in the 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's first 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH CHS 021)**

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. To change the date or place of marriage or dissolution, the official (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH CHS 023 (Rev. 9/2002)

CERTIFIED

DEC 31 2009

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

SS00165319

201306030074

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