



201607280087

Skagit County Auditor

\$77.00

7/28/2016 Page

1 of

5 4:01PM

Return Address:

Donna Lee Klein
700 N. 16th St.
Mt. Vernon, WASH.
98273

AFFIDAVIT (LACK OF PROBATE)

Jay K. Cory
Notary

, being first duly sworn, deposes and says:

The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is wife - Donna Lee Klein (relationship to decedent) of husband Bruce Wayne Klein (decedent), who died on (date) 12/19/14, at 700 N. 16th St. Mt. Vernon, Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: PTN. TRACT 30 VIEW CRES
ADDITION

Assessor's Property Tax Parcel/Account Number: P54713-3765-000-030-0102
(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)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20163229
JUL 28 2016

(Page 1 of _____)

REV 84 0017 (6/24/16)

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

Full name, age, relationship, address 12/27/77 Paradise
Marisa ^{unknown} ↑ Duncan ~~9/26/83~~ unknown California
daughter

Full name, age, relationship, address 09/26/83
~~Joshua~~ James Klein ~~1/30/83~~ unknown
Joshua (son)

Full name, age, relationship, address 06/30/85
Zachary Aaron Klein ~~8/7/87~~ unknown
(son)

Full name, age, relationship, address 8/29/91
Ashley Grace Klein unknown
(daughter)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

UNRECORDED DOCUMENT

Dated: 07/28/16

Donna Lee Klein
Affiant's full name

360-424-1955
Telephone number

780 N. 16th St.
Street

Mt. Vernon Wash. 98273
City State Zip Code

Donna Lee Klein 07/28/16
Signature Date

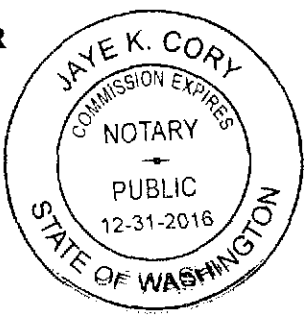
State of Wash. County of Skagit

I know or have satisfactory evidence that Donna Lee Klein
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/28/16
Jane K. Cory
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Cannon Is.

Notary Public in and for the State of Wash

My appointment expires: 12/31/2016

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-029785

DATE ISSUED: 12/29/2014

FEE NUMBER: 000000029

GIVEN NAMES: BRUCE WAYNE
LAST NAME: KLEIN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 19, 2014
HOUR OF DEATH: 02:50 P.M.
SEX: MALE
AGE: 59 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: COMPTON, LOS ANGELES CNTY, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: DONNA LEE WHIPPLE

OCCUPATION: MAINTENANCE TECHNICIAN
INDUSTRY: COUNTY GOVERNMENT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: DONNA LEE KLEIN
RELATIONSHIP: WIFE
ADDRESS: 700 NORTH 16TH STREET, MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 700 NORTH 16TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 700 NORTH 16TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: SCOTT HIX
MOTHER: OLIVIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: DECEMBER 24, 2014

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:
A. METASTATIC STAGE IV LUNG CANCER
INTERVAL: MONTHS

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:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DAVID D. SHILLING, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 712 S. BURLINGTON BLVD.
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: DECEMBER 23, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-196

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEE PEDROSA
DATE RECEIVED: DECEMBER 23, 2014

DOH 01-603 (6/14)



Affidavit for Correction

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

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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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 forgoing 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 Numigent 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.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

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

050 23 2014

Howard Lebrand
Skagit County Health Department
Howard Lebrand MD, Health Officer

BB00054855