



201704100118

Return Address:

2522 OLD HWY 99 S. #18  
MT. HOLMOW, WA.  
98273

Skagit County Auditor

\$77.00

4/10/2017 Page

1 of

5 11:30AM

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee DANIEL K. KERSHNER being first duly sworn  
*Name of Affiant*

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is HUSBAND

*Relationship to decedent*

of LINDA L. KERSHNER, who died on 3/20/2008  
*Decedent/Grantor* *Date*

at CONCRETE, SKAGIT, WASHINGTON  
*City* *County* *State*

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 3877-000-209-0003-P64291

INCLUDING MANUFACTURED HOME 1981 FLEET WOOD

'FESTIVAL' SERIAL NUMBER WASH LXA#49313832

CEDAR GROVE ON THE SKAGIT

Assessor's Property Tax Parcel/Account Number: 3877-000-2090003-P64291  
(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)

(Page 1 of \_\_\_\_\_)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: APRIL 10, 2017

DANIEL KING KERSHNER  
Affiant's full name

360-582-2573  
Telephone number

2522 OLD HWY 99 S. # 18

Mt. VERNON WA. 98273  
City State Zip Code

[Signature] 4/10/2017  
Signature Date

State of Washington County of Skagit

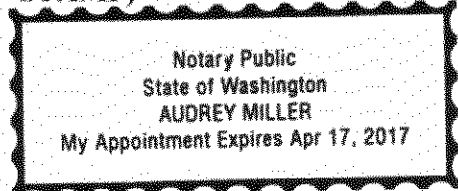
I know or have satisfactory evidence that Daniel King Kershner  
(name of person)

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: 04 / 10 / 2017

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of Washington

My appointment expires: 04 / 2017

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **310-08**

## Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any): First <b>LINDA</b>			Middle <b>LOU</b>		LAST <b>KERSHNER</b>		2. Death Date <b>April 11, 2008</b>		
3. Sex (M/F) <b>Female</b>		4a. Age - Last Birthday <b>59 Years</b>		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]	
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) <b>Richland</b>		8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>High School Graduate</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>White</b>			12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		
13a. Residence: Number and Street (Include Apt. No.) <b>46762 Baker Loop Rd.</b>						13b. City or Town <b>Concrete</b>			
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. ZIP Code + 4 <b>98237</b>		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence <b>3 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Daniel Kershner</b>					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>					
19. Father's Name (First, Middle, Last, Suffix) <b>William Conrad</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Theda [REDACTED]</b>					
21. Informant's Name <b>Daniel Kershner</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. <b>46762 Baker Loop Rd.</b>		City or Town, State, ZIP <b>Concrete, WA 98237</b>			
24. Place of Death; if Death Occurred in a Hospital: <b>Decedent's Residence</b>				Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>					
25. Facility Name (if not a facility, give number & street location) <b>46762 Baker Loop Road</b>				26a. City, Town, or Location of Death <b>Concrete</b>		26b. State <b>WA</b>		27. Zip Code <b>98237</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematorium, other place) <b>Solie Crematorium</b>				30. Location-City/Town <b>Everett, Washington</b>			
31. Name and Complete Address of Funeral Facility <b>Affordable Burial &amp; Cremation Services, LLC 17910 SR 536 Mount Vernon, WA 98273</b>				32. Date of Disposition <b>April 15, 2008</b>					
33. Funeral Director Signature <i>[Signature]</i>									

**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. **myocardial infarction - small cell ct of lung** Interval between Onset & Death: **seconds.**

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. **smoking** 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. Manner of Death  
 Natural  Homicide  
 Accident  Undetermined  Suicide  Pending

37. Were autopsy findings available to complete the Cause of Death?  
 Yes  No

38. Autopsy?  
 Yes  No

39. If female  
 Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  
 Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?  
 Yes  Probably  No  Unknown

41. Date of Injury  
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:  
City or Town: County: State: Zip Code:

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

48a. Certifying Physician - I certify that, to the best of my knowledge, death occurred at the time, date, and place and that the cause of death is as stated.  
 [Signature]

48b. Medical Examiner/Coroner - On the basis of my post-mortem investigation, in my opinion, death occurred at the time, date, and place, and that the cause of death is as stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Dr. Jonathan Fish M.D., 1990 Hospital Dr. #100 Sedro-Woolley WA 98284**

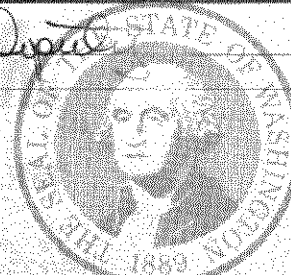
50. Hours Death 24hrs **2200 Hours**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)  
52. Date Signed (month/year) **04/14/2008**

53. Title of Certifier **Physician**  
54. License Number **WA 00039820**  
55. ME/Coroner File Number **NJA 173**  
56. Was case referred to ME/Coroner?  
 Yes  No

57. Registrar Signature *[Signature]*  
58. Date Received (month/year) **APR 15 2008**

59. Amendments



0204CHS 003 Rev. 2/06/2004

# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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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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:

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  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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. 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	Medical Records	School Record
Hospital Records	Military Records (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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.
  - Proof must be five (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 ODPH/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.

ODPH/CHS 023 (Rev. 02/00)

**CERTIFIED\***

APR 15 2008

*Howard M.D.*

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

PP00517420