



201708180042

Skagit County Auditor

\$78.00

8/18/2017 Page

1 of

5 1:11PM

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mary K. Sutton, 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 Wife

Relationship to decedent

of Michael R. Sutton, who died on 10-7-16

Decedent/Grantor

Date

at Anacortes

Skagit

WA

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Tract 3b, Skyline No 11 as per plat
recorded in volume 9 of plats, pages 78 and 79, records
of Skagit County

Situate in the County of Skagit, State of Washington

Assessor's Property Tax Parcel/Account Number: P 60050
(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 _____)

Michele K. Sutton 53 Daughter
234 Dyer Dr. Anacortes, WA 98221

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: 8-18-2017

Mary K. Sutton
Affiant's full name

360-293-2589
Telephone number

2311 Dover Dr.

Anacortes WA 98221
City State Zip Code

Mary K. Sutton 7/18/2017
Signature Date

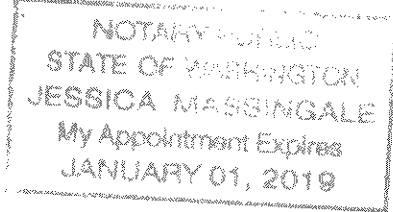
State of Washington County of Snohomish

I know or have satisfactory evidence that Mary K. Sutton
(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: 8/18/2017 Jessica Massingale
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Snohomish County

Notary Public in and for the State of Washington

My appointment expires: 01/2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-041291

DATE ISSUED: 10/13/2016

FEE NUMBER: 000000029

GIVEN NAMES: MICHAEL REESE
LAST NAME: SUTTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 07, 2016

HOUR OF DEATH: 07:00 A.M.

SEX: MALE
AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: PORTLAND, OREGON

MARITAL STATUS: MARRIED
SPOUSE: MARY KATHLEEN MILAN

OCCUPATION: SECURITY GUARD
INDUSTRY: MANUFACTURING INDUSTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: MARY SUTTON
RELATIONSHIP: WIFE
ADDRESS: 2311 DOVER DRIVE, ANACORTES, WA 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2311 DOVER DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2311 DOVER DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 39 YEARS

FATHER/PARENT: REXFORD CLAUDE BLAND
MOTHER/PARENT: DOROTHY MARIE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GRANDVIEW CEMETERY
CITY, STATE: GRANDVIEW, WA
DISPOSITION DATE: OCTOBER 13, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

- CAUSE OF DEATH:
- A. ESOPHAGEAL 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:

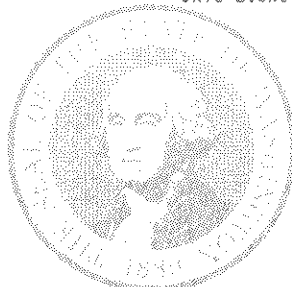
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SUSAN BUTLER ARNP
TITLE: ARNP
CERTIFIER
ADDRESS: 1211 24TH ST
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: OCTOBER 12, 2016



CASE REFERRED TO ME/CORNER: NO
FILE NUMBER: NJA #510
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: OCTOBER 12, 2016

Affidavit for Correction

Sligo County Health Department
1000 1st St NE
Blaine, WA 98225
360-535-3333

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

STATE OFFICE USE ONLY

Sligo County

Office

Date

Amended by page

Required information must match current information on record

Request	Birth	Death	Marriage	Dissolution (Divorce)
	1. Name			
2. Date of Birth				
3. Name of Spouse				<input type="checkbox"/> Multiple

Return Address

Telephone Number

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

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

Signature

Printed name

INSTRUCTIONS

Do not use Social Security card, driver license, or other identification as proof

Required for Birth

• Birth Certificate

• Hospital Discharge

• Birth Certificates

• Only one per child

• The proof must match the record

• Mary Ann's

• The proof must match the record

• midwife

• Affidavit

• Hospital Discharge

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

• Affidavit

CERTIFIED

OCT 13 2016

Howard Labrand
Sligo County Health Department
Howard Labrand M.D., Health Officer

G600093429