



201710270136

Skagit County Auditor \$78.00  
10/27/2017 Page 1 of 5 2:53PM

Return Address:

Stephen C. Schutt  
P.O. Box 1032  
Anacortes, WA 98221

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee ANNELL M. WALECH, 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 the spouse  
*Relationship to decedent*

of JOHN VICTOR WALECH, who died on October 8, 2017  
*Decedent/Grantor Date*

at Anacortes Skagit Washington  
*City County State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

~~Abbreviated~~ <sup>Full</sup> Legal Description:

Lot 19, SKYLINE NO. 10, according to the plat thereof recorded in Volume 9 of Plats, page 117, records  
of Skagit County, Washington.

Subject to all easements of record.

Situated in the county oof Skagit, State of Washington

Assessor's Property Tax Parcel/Account Number: P-59929 269928/3826-000-019-0005

~~(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 (Page 1 of 3)

20175072  
OCT 27 2017

REV 84 0017 (1/3/17)

Amount Paid \$ 6  
Skagit Co. Treasurer  
By mm Deputy

Annell-M. Walech, 61, Spouse, 4424 Bryce Drive, Anacortes, WA 98221

*Full name, age, relationship, address*

Jennifer Lewis, 47, Daughter, P.O. Box 234, Strattanville, PA 16258

*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: 10-27-17

Annell M. Walech

Affiant's full name

(360) 293-1312

Telephone number

4424 Bryce Drive

Anacortes WA 98221

City State Zip Code

Annell M. Walech  
Signature

10-26-17  
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Annell M. Walech  
(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:    /    /   

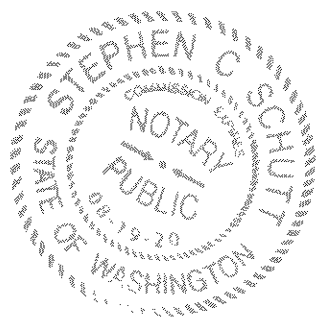
[Signature]  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Anacortes

Notary Public in and for the State of Washington

My appointment expires: 02/04 / 2018



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-043408

DATE ISSUED: 10/19/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN VICTOR  
LAST NAME(S): WALECH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 08, 2017  
HOUR OF DEATH: 02:40 AM  
SEX: MALE AGE: 66 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 4424 BRYCE DRIVE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 4424 BRYCE DRIVE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELOXI, MS

FATHER/PARENT: JOHN VICTOR WALECH  
MOTHER/PARENT: AUDREY [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: ANNELL M CLARK

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: PAINTER  
INDUSTRY: SELF-EMPLOYED  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: OCTOBER 10, 2017

INFORMANT: ANNELL M WALECH  
RELATIONSHIP: SPOUSE  
ADDRESS: 4424 BRYCE DR, ANACORTES, WA 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD  
ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:  
A: CARDIOPULMONARY ARREST  
INTERVAL: IMMEDIATE  
B: PULMONARY HYPERTENSION  
INTERVAL: 3 YEARS  
C: OBESITY  
INTERVAL: 10 YEARS  
D: TOBACCO ABUSE  
INTERVAL: GREATER THAN 30 YEAR

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ROB RIEGER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A  
CITY, STATE, ZIP: ANACORTES, WA 98221  
DATE SIGNED: OCTOBER 10, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: OCTOBER 10, 2017



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
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
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name of Record:		2. Date of Event:		3. Place of Event:
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
7. Return Mailing Address:				
Telephone Number:			Email Address:	

### 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:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

#### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, 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

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

#### This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

#### 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. 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). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (minister, judge, etc.) must complete and submit the affidavit.

# \*CERTIFIED\*

OCT 19 2017

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

