

Return Address:



Skagit County Auditor  
12/27/2017 Page

1 of

\$78.00  
5 3:46PM

1.071210 and Escrow  
01-16-2015  
OE

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee PHILLIP W. ROBERTSON, 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 SURVIVING SPOUSE

*Relationship to decedent*

of GEORGIA RUTH ROBERTSON, who died on JANUARY 2, 2016  
*Decedent/Grantor* *Date*

at MOUNT VERNON SKAGIT WASHINGTON  
*City* *County* *State*

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 6, MONTREAUX, PHASE 1

Assessor's Property Tax Parcel/Account Number: P126399  
(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 3)

Phillip W Robertson 75 husband  
Phillip W Robertson 412 Barry Loop Mt. Wa 98274  
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: 12-27-17

Phillip W Robertson  
Affiant's full name

360-202-0355  
Telephone number

412 Berry Loop  
Mount Vernon WA 98273  
City State Zip Code

Phillip W Robertson 12-27-17  
Signature Date

State of WASHINGTON County of SKAGIT

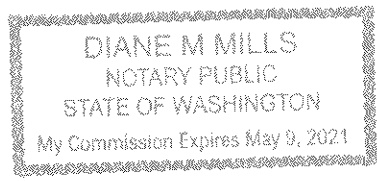
I know or have satisfactory evidence that PHILLIP W. ROBERTSON  
(name of person)

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: 12 / 27 / 17

Diane M Mills  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: SEDRO WOOLLEY Mount

Notary Public in and for the State of WASHINGTON

5-09-21  
My appointment expires: 9/11/2018

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-000168

DATE ISSUED: 01/07/2016

FEE NUMBER: 0000310116

GIVEN NAMES: GEORGIA RUTH  
LAST NAME: ROBERTSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 02, 2016  
HOUR OF DEATH: 02:03 P.M.  
SEX: FEMALE  
AGE: 72 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 4222 SYCAMORE CT  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 4222 SYCAMORE CT  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 982748792  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER/PARENT: JAMES CORL  
MOTHER/PARENT: RUTH [REDACTED]

BIRTHDATE: [REDACTED]  
BIRTHPLACE: HARRISBURG, DAUPHIN CNTY, PENNSYLVANIA

MARITAL STATUS: MARRIED  
SPOUSE: PHILLIP WILLIAM ROBERTSON

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: EVERGREEN CEMETERY  
CITY, STATE: EVERETT, WA  
DISPOSITION DATE: JANUARY 09, 2016

OCCUPATION: DIETARY TECHNICIAN  
INDUSTRY: HOSPITAL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: EVERGREEN FUNERAL HOME & CEMETERY  
ADDRESS: 4504 BROADWAY  
CITY, STATE, ZIP: EVERETT WA 98203  
FUNERAL DIRECTOR: LEVI W. SUTTON

INFORMANT: PHILLIP W. ROBERTSON  
RELATIONSHIP: HUSBAND  
ADDRESS: 4222 SYCAMORE CT, MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A. AMYOTROPHIC LATERAL SCLEROSIS  
INTERVAL: 2 1/2 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: BARBARA HAHN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: JANUARY 06, 2016

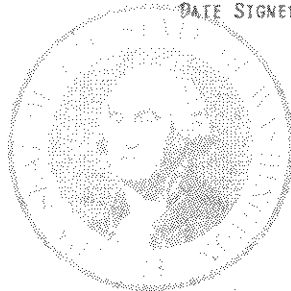
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: BIRTH LOC

NUMBER(S): 2016060096  
DATE(S): 01/07/2016

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: JANUARY 06, 2016



Affidavit for Correction

Form DD-00321449

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

STATE OFFICE USE ONLY

Required information must match current information on record.

Birth: \_\_\_\_\_ Death: \_\_\_\_\_ Marriage: \_\_\_\_\_ (Possession) (Date): \_\_\_\_\_

Indicate the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

1. Name: \_\_\_\_\_ 2. Address: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_

4. Sex: \_\_\_\_\_ 5. Race: \_\_\_\_\_ 6. Height: \_\_\_\_\_ 7. Weight: \_\_\_\_\_ 8. Eye Color: \_\_\_\_\_ 9. Hair Color: \_\_\_\_\_

ADDITIONAL INFORMATION

1. Date of Issue: \_\_\_\_\_ 2. Signature: \_\_\_\_\_ 3. Title: \_\_\_\_\_

