

After recording, return to:
Violet Fisher
1800 O Ave #318
Anacortes, WA 98221



201804180119

Skagit County Auditor \$111.00
4/18/2018 Page 1 of 4 3:51PM

CHICAGO TITLE
620034019

Grantor (Name of Decedent): Emil Fred Fisher, Sr
Grantee (Heirs): Violet M. Fisher - wife
Abbreviated Legal Description: Lot(s): 8 Shannon Heights to Anacortes
Tax Parcel No.(s): P58913 / 3845-000-008-0001

**INHERITANCE LACK OF PROBATE AFFIDAVIT AND
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF WA **Death Certificate**
COUNTY OF Skagit

The undersigned, Violet M. Fisher, executes this affidavit relating to the estate of Emil Fred Fisher, Sr (herein "Decedent"), who died on 8-26-2003 in the County of Skagit, State of WA, then being a resident of the City of Anacortes, County of Skagit, State of WA.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
- the lawful surviving spouse of the Decedent
 - Registered domestic partner of the Decedent
 - Surviving child of the Decedent
 - One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ in [mm/dd/yyyy], under Recording No. _____ in _____ County, Washington.
 - other (identify:)

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Violet M. Fisher - wife
Name and relationship: Emil Fred Fisher, Jr - son
Name and relationship: Arlene M. Fisher - daughter
Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

Lot 8, Plat of Shannon Heights to Anacortes, Washington, as per plat recorded in Volume 7 of plats, page 83, records of Skagit County, Washington.

Situate in Skagit County, Washington.

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Violet M. Fisher
Signature

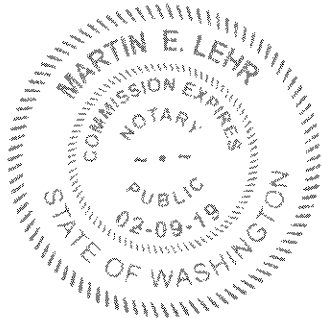
3-15-2018
Date

Violet M. Fisher
Print Name

Violet M. Fisher

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on April 17, 2018 by Violet
M. Fisher (name of person making statement)



Martin E. Lehr
Name: Martin E. Lehr
Notary Public in and for the State of Washington,
Residing at: La Conner
My appointment expires: 2-9-19

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146 3 29656
STATE FILE NUMBER

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

712-03
LOCAL FILE NUMBER

2. COPIES	1. NAME First: Emil Middle: Fred Last: Fisher, Sr.		2. SEX (M/F)	3. DEATH DATE (Mo. Day, Yr) Aug 26, 2003	
3. HOSPITAL	4. AGE LAST BIRTHDAY (Yrs) 86	5. UNDER 1 YEAR DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country) Anacortes, WA
4. OCCURRENCE	11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input checked="" type="checkbox"/> EMERG RMOUT PTN <input checked="" type="checkbox"/> CHURCH <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE Island Hospital	
5. RESIDENCE	14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Violet Marie McComas		16. SOCIAL SECURITY NO
6. TRACT	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 College (1-4 or 5+)				
7. OCCUPATION	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Core Layer	19. KIND OF BUSINESS OR INDUSTRY Plywood Industry	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White
8	22. RESIDENCE — NUMBER AND STREET 1805 - 37th Street	23. CITY/TOWN OR LOCATION Anacortes	24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 86
9	26. STATE WA		27. ZIP CODE 98221		
10	28. FATHER'S NAME — FIRST, MIDDLE, LAST Paul (nmn) Fisher			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Bertha (nmn)	
11	30. INFORMANT — NAME Violet Marie Fisher			31. MAILING ADDRESS 1805 - 37th Street, Anacortes, WA 98221	
12	32. BURIAL CREMATION REMOVAL OTHER (Specify) Burial	33. DATE (Mo. Day, Yr) Aug 30, 2003	34. CEMETERY/CHURCH/MATORY — NAME Grand View Cemetery		35. LOCATION — CITY/TOWN, STATE Anacortes, WA
13	36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221
14	39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]	
15	40. DATE SIGNED (Mo. Day, Yr) August 28, 2003	41. HOUR OF DEATH (24 Hrs.) 19:31 PM	44. DATE SIGNED (Mo. Day, Yr)	45. HOUR OF DEATH (24 Hrs.)	
16	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) C. Les Conway, MD		46. PRONOUNCED DEAD (Mo., Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs.)	
17	48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) John R Mathis, M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221				49. MEDICORNER FILE NUMBER NJA #224
18	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
19	IMMEDIATE CAUSE (Final disease or condition resulting in death). A. pneumonia		INTERVAL BETWEEN ONSET AND DEATH Days		
20	DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
21	C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
22	D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
23	E. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
24	51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: C.A.D. C.V.A.		52. AUTOPSY? (Yes/No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
25	54. ACC. SUICIDE, HDM, UNDET / OR PENDING INVEST (Specify)	55. INJURY DATE? (Mo. Day, Yr)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED.	
26	58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE		
27	61. RECORD AMENDMENT (Registrar use only) DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE [Signature]		63. DATE RECEIVED (Mo., Day, Yr) 08-28-2003

FOR INSTRUCTIONS SEE SACK AND HANDBOOK

DOH 110-000 (Rev. 7/01) (Formerly DSHS 9-150)

A

DOH 422-131 (4-18)

NOT VALID IF PHOTOCOPIED OR ALTERED



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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)
	1. Name on 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:

8. The record now shows:	9. The true fact is:
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 nd parent (if required): _____
Printed name: _____ Date: _____	Printed name: _____ Date: _____

INSTRUCTIONS - go to 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

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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.

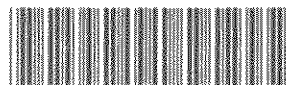
Marriage/Dissolution (Divorce) Certificates

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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of
Christie Spive, State Registrar

Christie Spive

ISSUED
FEB 14 2018



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