

After recording, return to:  
Wendell Holmes  
P.O. Box 308  
Sedro Woolley, WA 98284



201805220051

05/22/2018 11:47 AM Pages: 1 of 5 Fees: \$112.00  
Skagit County Auditor

CHICAGO TITLE  
020034258

Grantor (Name of Decedent): LOUISE MAY HOLMES  
Grantee (Heirs): WENDELL J. HOLMES  
Abbreviated Legal Description: LOT 6, ECK RUN ESTATES  
Tax Parcel No.(s): P105050

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

STATE OF Washington  
COUNTY OF Skagit

Death Certificate

The undersigned, WENDELL J. HOLMES, executes this affidavit relating to the estate of LOUISE MAY HOLMES (herein "Decedent"), who died on JUNE 16, 2006 in the County of SKAGIT, State of WA, then being a resident of the City of MT. VERNOV, 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 \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
- other (identify): \_\_\_\_\_



## LEGAL DESCRIPTION

Order No.: 620034258

**For APN/Parcel ID(s): P105050 / 4619-000-006-0005**

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Lot 6, ELK RUN ESTATES, according to the plat thereof, recorded in Volume 15 of Plats, page 173, records of Skagit County, Washington; being an amendment of the plat Amendment of the Plat of Max Sutton Estates, according to the plat thereof recorded in Volume 15 of Plats, pages 161 and 162, records of Skagit County, Washington; which is an amendment of the Plat of Max Sutton Estates, according to the plat thereof recorded in Volume 15 of Plats, pages 127 and 128, records of Skagit County, Washington;

Situated in Skagit County, Washington.

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

Local File Number <b>516-06</b>		<b>Washington State Certificate of Death</b>				State File Number
1. Legal Name (include AKA's if any) First Middle LAST <b>LOUISE MAY HOLMES</b>		2. Death Date <b>June 16, 2006</b>				
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>84</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Rhineland</b>	8b. (State or Foreign Country) <b>Wisconsin</b>		9. Decedent's Education <b>Ninth Grade</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>612 Shiloh Lane</b>				13b. City or Town <b>Sedro-Woolley</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>98284</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>10 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Wendell Holmes</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Home Maker</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Ernest Gustav Richter</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Violet Irene</b>			
21. Informant's Name <b>Wendell Holmes</b>		22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>612 Shiloh Lane Sedro-Woolley, WA 98284</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) <b>Skagit Valley Hospital</b>			26a. City, Town, or Location of Death <b>Mount Vernon</b>	26b. State <b>WA</b>	27. Zip Code <b>98273</b>	
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Greenhills Memorial Cemetery</b>		30. Location-City/Town, and State <b>Burlington, Washington</b>		
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284</b>				32. Date of Disposition <b>June 22, 2006</b>		
32. Funeral Director Signature <i>Rick Lemley</i>						
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. <b>sudden death</b>		Interval between Onset & Death <b>minutes</b>		
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. <b>endstage coronary artery disease</b>		Interval between Onset & Death <b>&gt; 6 mo</b>		
		c. <b>valvular heart disease</b>		Interval between Onset & Death <b>&gt; 1 year</b>		
		d. <b>hx PE</b>		Interval between Onset & Death <b>&gt; 1 year</b>		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>stress ulcer - skin, Renal mass, NIDDM</b>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <b>P. Bell</b>		
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion: death occurred at the time, date, and place, and due to the cause(s) and manner stated. <b>X</b>				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Peggy Bissell, MD 2061 Hospital Dr. Sedro-Woolley, WA 98284</b>		
50. Hour of Death (24hrs) <b>1830 hrs</b>				51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Mary Ann Hink, MD</b>		
52. Date Signed (mm/dd/yyyy) <b>June 19, 2006</b>		53. Title of Certifier <b>Physician</b>		54. License Number <b>43127</b>		55. ME/Coroner File-Number
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature <b>x Connie Anderson, Deputy</b>		
58. Date Received (mm/dd/yyyy) <b>JUN 21 2006</b>				59. Amendments		



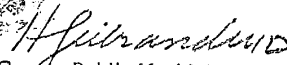
DOH/CHS 003 Rev 2/06/2004

DOH-01-003 (5/99)

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

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STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Use the section below for requesting any changes on the record.</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
<p>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 <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p><b>All changes must be established by documentary proof submitted with the affidavit</b></p> <p>Examples of documentary proof: Certificate of Naturalization Medical Record School Record                      Hospital Records Military Record (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</p>				
<p><b>Birth Certificates:</b></p> <ol style="list-style-type: none"> <li>Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</li> <li>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.</li> <li>Proof must be five (or more) years old or have been established within five years of birth.</li> <li>Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:                             <ul style="list-style-type: none"> <li>- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.</li> <li>- 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.</li> <li>- 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.</li> </ul> </li> <li>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).</li> <li><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b></li> </ol>				
<p><b>Death Certificates:</b></p> <ol style="list-style-type: none"> <li>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> <li>If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</li> </ol>				
<p><b>Marriage/Dissolution (Divorce) Certificates:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</li> </ol>				

**\*CERTIFIED\***  
 JUN 21 2006  
  
 Skagit County Public Health Department  
 Howard Leibrand M.D., Health Officer

NN00933779