

After recording, return to:  
Donna Reed  
Chicago Title Company of Washington  
425 Commercial St  
Mount Vernon, WA 98273



201805310064

05/31/2018 01:31 PM Pages: 1 of 5 Fees: \$112.00  
Skagit County Auditor

CHICAGO TITLE  
620034042

Grantor (Name of Decedent): William Robert Nixon, Jr.  
Grantee (Heirs): Pamela E. Nixon  
Abbreviated Legal Description: Lot(s): 4, 5 and Ptn. 3 Block: 3 KELLOGG'S TO ANACORTES  
Tax Parcel No.(s): P57840 / 3801-003-005-0004

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

STATE OF Wash

**Death Certificate**

COUNTY OF Skagit

The undersigned, Pamela E Nixon, executes this affidavit relating to the estate of William R. Nixon, Jr (herein "Decedent"), who died on March 29, 2018, in the County of Skagit, State of Wash, then being a resident of the City of Anacortes, County of Skagit, State of Wash.

(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): \_\_\_\_\_

**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: Pamela E Nixon, Spouse

Name and relationship: Jane Nixon, mother

Name and relationship: David Nixon, brother

Name and relationship: Lyn Nixon, sister

**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:

The West 1/2 of Lot 3 and all of Lots 4 and 5, Block 3, "G. KELLOGG'S ADDITION TO THE CITY OF ANACORTES, WASH.," as per plat recorded in Volume 1 of Plats, page 39, records of Skagit County, Washington.

TOGETHER WITH the North 1/2 of vacated alley adjoining said lots to the South.

Situate in the City of Anacortes, County of Skagit, State of 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.

Pamela E Nixon  
Signature

4-11-18  
Date

Pamela E Nixon  
Print Name

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

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 4-11-18 by Pamela E. Nixon  
(name of person making statement).

Eileen R. Hebert  
Name: Eileen R. Hebert  
Notary Public in and for the State of Washington,  
Residing at: Anacortes WA 98221  
My appointment expires:  
1-21-22



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-015095

DATE ISSUED: 04/05/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM ROBERT  
LAST NAME(S): NIXON JR

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 29, 2018 FOUND  
HOUR OF DEATH: UNKNOWN  
SEX: MALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER PLACE  
FACILITY OR ADDRESS: 6300 SUNSET AVENUE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 2609 - 16TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 16 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: LITTLE ROCK, AR

FATHER/PARENT: WILLIAM ROBERT NIXON  
MOTHER/PARENT: JANE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: PAMELA G ELLIOTT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: ATTORNEY  
INDUSTRY: COMMERCIAL LAW  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: APRIL 06, 2018

INFORMANT: PAM NIXON  
RELATIONSHIP: WIFE  
ADDRESS: 2609 - 16TH STREET, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:  
A: CONTACT PERFORATING HANDGUN WOUND OF HEAD  
INTERVAL: IMMEDIATE  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY: UNKNOWN  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: WATERFRONT

CERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: APRIL 02, 2018

LOCATION OF INJURY: 6300 SUNSET AVE.

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED: SELF-INFLICTED GUNSHOT WOUND

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 18SK0093  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: APRIL 04, 2018



# Affidavit for Correction

201805310064

Mail to: Center for Health Statistics

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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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<b>Required</b>	<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 on Record: First Middle Last			2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last Maiden		
	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:  
P.O. box or Street Address City State Zip

Telephone Number: ( ) Email Address:

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

<b>The record now shows:</b>		<b>The true fact is:</b>	
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: Date: Printed name: 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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



# \*CERTIFIED\*

APR 05 2018

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



0 1 8 0 3 3 3 0

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.