

After recording, return to:



201807110064

07/11/2018 11:35 AM Pages: 1 of 6 Fees: \$141.00 Skagit County Auditor

CHICAGO TITLE CO.  
620034446

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

Death Certificate

STATE OF Washington )

SS:

COUNTY OF Skagit )

The undersigned, Kymerli M. Dills, executes this affidavit relating to the estate of Richard A. Dills (herein "Decedent"), who died on 12/19/2004, in the County of Whatcom, State of Washington, then being a resident of the City of Burlington, County of Skagit, State of Washington (a copy of the death certificate is attached hereto.)

Tax No. : P35643/350402-2-002-0007

Abbrev Legal: PTN SE NW, 2 35N R4E W.M

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 the 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 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:) \_\_\_\_\_

Names of All Heirs of the Decedent

\_\_\_\_\_

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
- (a) a spouse or registered domestic partner, and
  - (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]]

Name & relationship Savannah Dills, Daughter

Name & relationship Sierra Dills, Daughter

Name & relationship Kymberli Dills, wife

Name & 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:

[INSERT either complete legal description, or refer to attachment for full legal description]

**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.

DATED: June 15<sup>th</sup>, 20 18

Kymberli M. Dills  
(Signature)

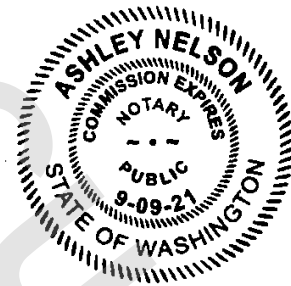
Kymberli M. Dills  
(Print or type full name)

1465 E Rio Vista Ave, Burlington WA 98233  
(Full address and telephone number) 360-708-5284

State of WA  
County of Skagit

SUBSCRIBED and SWORN TO before me this 15<sup>th</sup> day of June, 2018,  
by Kymberli M. Dills, proved to me on the basis of satisfactory evidence to be the person who  
appeared before me.

Ashley Nelson  
Notary Public in and for the State of WA



residing at Camano Island

UNOFFICIAL DOCUMENT

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**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

Order No.: 620034446

**For APN/Parcel ID(s): P35643 / 350402-2-002-0007**

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Parcel A:

The East 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 2, Township 35 North, Range 4 East  
W.M.

Parcel B:

A non-exclusive easement for road right of way over, to, through and across the East 25 feet of the  
West 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 2, Township 35 North, Range 4 East,  
W.M.

Situated in Skagit County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



Local File Number **1273** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix **RICHARD ALLEN DILLS** 2. Death Date **Dec 19, 2004**

3. Sex (M/F) **Male** 4a. Age - Last Birthday **38** 4b. Under 1 Year **Months** 4c. Under 1 Day **Hours** 5. Social Security Number **[REDACTED]** 6. County of Death **Whatcom**

7. Birthdate **[REDACTED]** 8a. Birthplace (City, Town, or County) **Sedro-Woolley** 8b. (State or Foreign Country) **Washington** 8. Decedent's Education **High School Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify: **No** 11. Decedent's Race(s) **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (Include Apt. No.) **1465 E. Rio Vista** 13b. City or Town **Burlington**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) **Washington** 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98233** 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence. **3 years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's Name (Give name prior to first marriage) **Kymerli Jarvill**

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use company name)) **Maintenance** 18. Kind of Business/Industry (Do not use Company Name) **Health Care Facility**

19. Father's Name (First, Middle, Last, Suffix) **Doyle Dills** 20. Mother's Name Before First Marriage (First, Middle, Last) **Virginia**

21. Informant's Name **Kymerli Dills** 22. Relationship to Decedent **Spouse** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **1465 E Rio Vista Burlington, WA 98233**

24. Place of Death, if Death Occurred in a Hospital: **Accident Location - SR 542**

25. Facility Name (If not a facility, give number & street or location) **Mile Post 29.45 - SR 542** 26a. City, Town, or Location of Death **Bellingham** 26b. State **WA** 27. Zip Code **98226**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Mount Vernon Cemetery** 30. Location-City/Town, and State **Mount Vernon, Washington**

31. Name and Complete Address of Funeral Facility **Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284** 32. Date of Disposition **December 21, 2004**

33. Funeral Director Signature **Rich Lemley**

34. Cause of Death (See instructions and examples)  
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. Blunt cranial trauma** Interval between Onset & Death **Minutes**  
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.** Due to (or as a consequence of): Interval between Onset & Death  
**c.** Due to (or as a consequence of): Interval between Onset & Death  
**d.** Due to (or as a consequence of): Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Alcohol use, failure to wear seat belt** 36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  Natural  Homicide  Accident  Undetermined  Suicide  Pending 39. If female  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year 40. Did tobacco use contribute to death?  Yes  No  Probably  Unknown

41. Date of Injury (mm/dd/yyyy) **11-15-2004** 42. Hour of Injury (24hrs) **0230** 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) **Roadside**

44. Location of Injury: Number & Street **33 miles E. of Bellingham on SR 542 WP 3945** City or Town **Bellingham** Country **Whatcom** State **WA** Zip Code + 4 **98226**

45. Describe how injury occurred **Frontal MVA collision with large rock. SUV vehicle. No skid marks.** 46. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the home, date, and place and due to the cause(s) and manner stated. **[Signature]** 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. **[Signature]**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Greg Goodfowl MD, 1000 State Bellingham WA 98225** 50. Hour of Death (24hrs) **0230 hrs**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) **[Signature]** 52. Date Signed (mm/dd/yyyy) **12-21-2004**

53. Title of Certifier **MD** 54. License Number **WA 23314** 55. ME/Coroner File Number **A-1296-04** 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature **Reg Steen MD** 58. Date Reported (mm/dd/yyyy) **DEC 21 2004**

59. Amendments

DOHCHS 003 Rev 2/03/2004

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201807110064

Mail to: Center for Health Statistics  
07/11/2018 11:35 AM Page 6 of 6  
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

<b>Required</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:

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: 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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

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 Greg Stern, Health Officer.

*Greg Stern MD*

JUL 05 2018



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



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