



201808300038

08/30/2018 12:17 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2018 3844
AUG 30 2018

Amount Paid \$ 0
Skagit Co. Treasurer
By HB Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Margorie Lincosty 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 wife
Relationship to decedent

of Lee N. Lincosty, who died on 5/20/2009
Decedent/Grantor Date

at Oak Harbor Island Con. WA.
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: In the county of Skagit,
State of Washington the south half of
lot 27, Block 3, "Lake Cavanaugh subdivision
NO. 3", according to the plat recorded
in volume 6 of plats, pages 25-31 inclusive

Assessor's Property Tax Parcel/Account Number: ~~P95977~~ P67018
(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 _____)

JASON MICHAEL RASK, 38, Grandson
6336 W PLSE LK, STEVENS, WA 98258
Full name, age, relationship, address

Megan Lee Rask, 32, Granddaughter
1049 N. Hayworth Ave. #5 West Hollywood, CA 90046
Full name, age, relationship, address

LS2 Ann Loncosty, 40, Daughter
2 140th St SW Everett, WA 98208
Full name, age, relationship, address

Mark William Loncosty, 57, Son
10859 Josh Green Ln. Mount Vernon, WA, 98273
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: Aug 17, 2018

Marjorie Ann Loncooty
Affiant's full name

1-360-675-8526
Telephone number

3304 N. Aetna
Oak Harbor, WA 98277
City State Zip Code

Marjorie Ann Loncooty Aug 17, 2018
Signature Date

State of WASHINGTON County of ISLAND

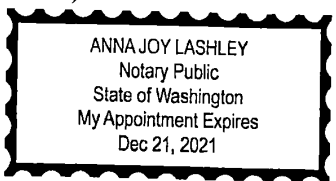
I know or have satisfactory evidence that Marjorie Loncooty
(name of person)

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: 08 / 17 / 2018

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Oak Harbor, WA

Notary Public in and for the State of WA

My appointment expires: Dec 21, 2021

STATE OF WASHINGTON DEPARTMENT OF HEALTH

of 5

Local File Number 182		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix LEE NEWELL LONCOSTY				2. Death Date 05/20/2009		
3. Sex (M/F) M		4a. Age - Last Birthday 78		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes
7. [Redacted]		8a. Birthplace (City, Town, or County) Genesee		8b. (State or Foreign Country) Idaho		9. Decedent's Education 4 years college - BS in Finance
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 3304 Altair Place				13b. City or Town Oak Harbor		
13c. Residence: County Island		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98277
14. Estimated length of time at residence. 18 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Marjorie A. Werhan		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Securities trader				18. Kind of Business/Industry (Do not use Company Name) Investment firm		
19. Father's Name (First, Middle, Last, Suffix) Frederick W. Loncosty				20. Mother's Name (First, Middle, Last) Nellie [Redacted]		
21. Informant's Name Marjorie Loncosty		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3304 Altair Pl., Oak Harbor, WA 98277		
24. Place of Death, if Death Occurred in a Hospital: Residence				25. Facility Name (if not a facility, give number & street or location) 3304 Altair Pl.,		
25a. City, Town, or Location of Death Oak Harbor		25b. State WA		25c. Zip Code 98277		
26. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility Whidbey Memorial Funeral & Cremation Svc., Inc.				32. Date of Disposition 05/21/2009		33. Funeral Director Signature X
Cause of Death (See instructions and examples)						
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. Final stage lung disease			Interval between Onset & Death years			
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. lung cancer COPD			Interval between Onset & Death			
c. _____			Interval between Onset & Death			
d. _____			Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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?
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 X Zavan A. Kanio		
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 X				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Zavan A. Kanio, MD, 231 SE Barrington Dr., Ste. #201		50. Hour of Death (24hrs) 0330
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 05/21/2009		53. Title of Certifier Physician
54. License Number MD 09031262		55. ME/Coroner File Number 09-141		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature Barbara Cape				58. Date Received (mm/dd/yyyy) 05-22-2009		
59. Amendments				Chief Deputy Registrar		

DOH/CHS 003 Rev 2/06/2004

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201808300038

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.

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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:

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 nd parent (if required):
Printed name:	Printed name:
Date:	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.

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

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 Spice, State Registrar.

Christie Spice

ISSUED

AUG 15 2018



0 2 6 3 6 5 8 0

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