



201906070115

08/07/2019 04:03 PM Pages: 1 of 8 Fees: \$104.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Land Title & Escrow
3010 Commercial Ave
Anacortes, WA 98221

02-172421-OE

DOCUMENT TITLE(S):
Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Barbara Louise McComas, deceased

GRANTEE:
Robert L. McComas, surviving spouse

ABBREVIATED LEGAL DESCRIPTION:

TAX PARCEL NUMBER(S):

Return Address:
Land Title & Escrow
3010 Commercial Ave
Anacortes, WA 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Robert L. McComas, 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 Spouse

of Barbara Louise McComas, who died on 9/14/2013
Decedent/Grantor *Relationship to decedent* *Date*

at Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

The West Half of Lot 4, and all of Lot 5, Block 143, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

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

Assessor's Property Tax Parcel/Account Number: 3772-143-005-0003
(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 _____)

Robert L. McComas, spouse

1300 O Avenue, Apt 211, Anacortes WA

Full name, age, relationship, address

Lesley Cowderoy, daughter

17405 24th ave SE Bothell WA

Full name, age, relationship, address

Bob McComas, son

518 38th Street Anacortes

Full name, age, relationship, address

Bruce McComas, son

220 201 Cass Street, Port Townsend WA

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 : June 7, 2019

Robert L. McComas

Affiant's full name

425-280-3041

Telephone number

1300 O Avenue, Apt 211

Anacortes WA 98221
City State Zip Code

Robert L. McComas 6/7/2019
Signature Date

State of WA County of Skagit

I know or have satisfactory evidence that Robert L. McComas
(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: 6/7/2019 [Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: oak Harbor

Notary Public in and for the State of WA

My appointment expires: 7/16/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-017013

DATE ISSUED: 09/19/2013

FEE NUMBER: 000000029

GIVEN NAMES: BARBARA LOUISE
LAST NAME: MCCOMAS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 14, 2013
HOUR OF DEATH: 08:07 P.M.
SEX: FEMALE
AGE: 87 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1609 9TH ST
CITY, STATE, ZIP: ANACORTES, WASHINGTON 982211917
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 61 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: STEVENSVILLE, MONTANA

FATHER: GEORGE L BARKER
MOTHER: ISABELLE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: ROBERT L. MCCOMAS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: SEPTEMBER 19, 2013

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? NO

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JAMES C. HADDON

INFORMANT: ROBERT L. MCCOMAS
RELATIONSHIP: HUSBAND
ADDRESS: 1609 9TH STREET, ANACORTES, WA 98221

- CAUSE OF DEATH:
- A. ACUTE MYOCARDIAL INFARCTION
INTERVAL: HOURS
 - B. CORONARY ARTERY DISEASE
INTERVAL: YEARS
 - C. _____
INTERVAL: _____
 - D. _____
INTERVAL: _____

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERTENSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

CERTIFIER NAME: KAREN M. BOLTON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1220 22ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: SEPTEMBER 17, 2013

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJAM513
ATTENDING PHYSICIAN:
KAREN BOLTON MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 18, 2013

NUMBER(S): NONE
DATE(S): NONE

Affidavit for Correction



Washington State Department of 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

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution 5. Mother's Full Maiden Name (For Birth); Spouse B/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: Self Parent Guardian Informant Telephone Number:
 Funeral Director Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

All vital records are registered as received.

We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital /Medical Record, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport

Birth Certificates:

- 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 2. 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.
- 3. **Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- 4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Adult (18 years or older)

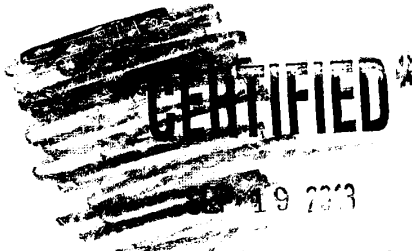
- Only the adult themselves can change the birth certificate.
- If the first or middle name is absent, three pieces of documentary proof are required.
- If the first and/or middle name is misspelled, two pieces of documentary proof are required.
- To correct birth date, place of birth or parent's information, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

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 someone other than the informant listed on the certificate. 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.
- 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- 1. 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.
- 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



Howard Leiband M.D., Health Officer
Skagit County Public Health Department

YY00037299