

**Return Address:**

VISIONET SYSTEMS INC  
183 INDUSTRY DRIVE  
PITTSBURGH PA 15275

9781763

Order Number: 01-173341-S ✓



201909130063

09/13/2019 12:06 PM Pages: 1 of 4 Fees: \$106.50  
Skagit County Auditor

State of WASHINGTON

County of SKAGIT

**Land Title and Escrow**

**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared DAVID HENNLEIN,  
Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: VICKI HENNLEIN
3. The decedent died on 8/5/17 (date) at CONCRETE (City), SKAGIT (County), WASHINGTON (State).
4. My/ Our relationship to the decedent is as follows:  
SURVIVING SPOUSE
5. I am/ We are the rightful heirs to the property described herein.
6.  Decedent left no last Will; or  Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal:

Lot 28, "PRESENTIN CREEK WILDERNESS DIV. NO. 2," as per plat recorded in Volume 9 of Plats, pages 38 and 39, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Tax ID Number: 3969-000-028-0001, 68140

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.
9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
<u>DAVID Hennlein</u>	<u>64</u>	<u>HUSBAND</u>

Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

DATED this 24 day of AUG, 2019

David Heinlein  
Affiant's Signature

DAVID Heinlein  
Printed Name of Affiant

9029 W Pressentin Dr  
Concrete, WA 98237  
Address

State of: Washington

County of: Skagit

I certify that I know or have satisfactory evidence that David Heinlein is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 8/24/19 Linda Dietrick  
Signature  
Notary Public  
Title  
My appointment expires: 11/03/2021



Seal or Stamp

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-034569

DATE ISSUED: 08/10/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VICKI RAE LYNN  
LAST NAME(S): HENNLEIN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 05, 2017 FOUND  
HOUR OF DEATH: 05:30 AM FOUND  
SEX: FEMALE 59 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 9029 WEST PRESENTIN DRIVE  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

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

RESIDENCE STREET: 9029 WEST PRESENTIN DRIVE  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ALBANY, LINN COUNTY, OR

FATHER/PARENT: IRA LYNES GRIFFITH  
MOTHER/PARENT: GLORIA MARIE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: DAVID BOARDMAN HENNLEIN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: NURSING ASSISTANT  
INDUSTRY: HEALTH CARE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 11, 2017

INFORMANT: DAVID B HENNLEIN  
RELATIONSHIP: HUSBAND  
ADDRESS: 9029 WEST PRESENTIN DRIVE, CONCRETE, WA 98237

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:  
A: METASTATIC ENDOMETRIAL CANCER  
INTERVAL: 3 YEARS 7 MONTHS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
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:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

CERTIFIER NAME: BRUCE C. MATHEY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 307 S. 13TH ST., SUITE 100  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: AUGUST 10, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 10, 2017



Affidavit for Correction

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

Washington State Department of Health Statistics, P.O. Box 47814, Olympia, WA 98504-7814, 360-236-4300

STATE OFFICE USE ONLY

State File Number, Fee Number, Initials, Date, Affidavit Number

Required Information must match current information on record. Record Type: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, Relationship to Person on Record, 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:

Table with 2 columns: The record now shows, The true fact is. Rows 8-15.

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 2nd parent (if required), Printed name, 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... 2. The proof(s) must match the asserted fact(s)... 3. Documentary proof must be five or more years old... Child under 18: If legal guardian(s), include certified court order... Adult (18 years or older): Only the adult can change his or her birth certificate... \*To change any part of the name of a child, signatures from both parents listed on the certificate are required.

Death Certificates: 1. Only the informant, the funeral director, or executors/administrators... 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.



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

\*CERTIFIED\*

AUG 10-2017

Skagit County Health Department Howard Librand M.D., Health Officer



0 1 5 1 6 6 7 5