

Return Address:

Harry Everard

2555 Wagner Rd  
Camano Island WA 98282

Land Title and Escrow

**AFFIDAVIT (LACK OF PROBATE)**

05-174397-FE Harry Everard, 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 widow

of Judith Everard, who died on 3-16-2019  
Decedent/Grantor Date  
at Mount Vernon Skagit Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

LOT 67, PLAT OF TWIN BROOKS PHASE 2, LU-05-024, approved February 27, 2015 and recorded March 18, 2015, under Auditors File No. 201503180026, records of Skagit County, Washington. Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: 6023-000-067-0000 P132650  
(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 \_\_\_\_\_)

Harry Eubank

Full name, age, relationship, address

~~Shane Eubank~~

Full name, age, relationship, address

Shane Eubank 42 53

Full name, age, relationship, address

Darrin Eubank 49

Full name, age, relationship, address

Stephanie Davis 47

Full name, age, relationship, address

Josh Mun 33

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: October 16 2019

Harry Everard - HYE  
Affiant's full name

425-348-1141  
Telephone number

311 TOM BROOKS COURT

Mount Vernon WA 98273  
City State Zip Code

See above 10-16-2019  
Signature Date

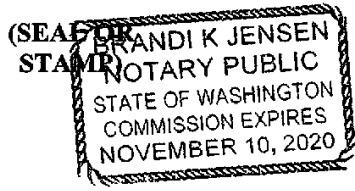
State of Washington County of Snohomish

I know or have satisfactory evidence that Harry Everard  
(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: 10/16/2019

[Signature]  
Signature of Notary Public



Residing at: Cameron Island

Notary Public in and for the State of Washington

My appointment expires: 11/10/20

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-010471

DATE ISSUED: 10/16/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JUDITH  
LAST NAME(S): EVERARD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 08, 2019

HOUR OF DEATH: UNKNOWN

SEX: FEMALE

AGE: 62 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: HARRY EVERARD

OCCUPATION: HOMEMAKER

INDUSTRY: DOMESTIC

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: HARRY EVERARD

RELATIONSHIP: HUSBAND

ADDRESS: 311 TWIN BROOKS COURT MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: BREAST CANCER

INTERVAL: UNKNOWN

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 311 TWIN BROOKS COURT

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 311 TWIN BROOKS COURT

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: ARTHUR SANDOVAL

MOTHER/PARENT: MARIA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MARCH 08, 2019

FUNERAL FACILITY: ALPHA-OMEGA BURIAL &amp; CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

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

CERTIFIER NAME: ANNE HERBERT, PAC

TITLE: PHYSICIAN ASSISTANT

CERTIFIER ADDRESS: 127 N. EAST CAMANO DR.

CITY, STATE, ZIP: CAMANO ISLAND, WA 98282

DATE SIGNED: MARCH 07, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ANNE HERBERT

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MARCH 08, 2019



**Affidavit for Correction**

10/18/2019 10:56 AM Page 5 of 5

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

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

**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:  Birth  Death  Marriage  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 Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify)

7. Return Mailing Address: PO 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**

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 using this form, 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). 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 January 2016



**\*CERTIFIED\***

OCT 16 2019

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



0 3 2 6 4 5 5 4

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