

Return Address:

Order Number: 02-178135-OE

State of Washington

County of Skagit

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Marissa Guerrero
Affidavit No. 2020-2056
Date 06/10/2020

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Candis L. O'Neil
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: Elvena M Isert
3. The decedent died on 9.30.19 (date) at Mt Vernon (City), Skagit (County), WA (State).
4. My/ Our relationship to the decedent is as follows:
Daughter
5. I am/ We are the rightful heirs to the property described herein.
6. ___ Decedent left no last Will; or X 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 27, Samish River Park, Div. 1.

Tax ID Number: P68706

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>Lyle Vernon Isert</u>	<u>91</u>	<u>Spouse</u>
Full Name	Age	Relationship
<u>Candis L. O'Neil</u>	<u>69</u>	<u>Daughter</u>

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

DATED this 8th day of June, 2020

Candis L. O'Neil
Affiant's Signature

Candis L. O'Neil
Printed Name of Affiant

1017 Oscar Ct.
Ferndale, WA 98248
Address

State of: Washington

County of: Skagit

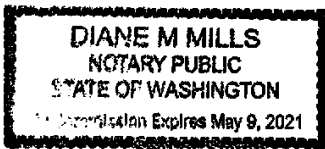
I certify that I know or have satisfactory evidence that Candis L. O'Neil is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 6.08.2020

Diane M Mills
Signature

Notary Officer
Title

My appointment expires: 5.09.21



Seal of Stamp

Title Order No.: **02-178135-OE**

EXHIBIT A

Lot 27, "SAMISH RIVER PARK, DIVISION NO. 1," as per plat recorded in Volume 9 of Plats, pages 43 and 44, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

END OF EXHIBIT A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-043699

DATE ISSUED: 03/01/2020
FEE NUMBER: 73267297

FIRST AND MIDDLE NAME(S): ELVENA M
LAST NAME(S): ISERT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 30, 2019
HOUR OF DEATH: 01:50 PM
SEX: FEMALE AGE: 93 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LYLE ISERT

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: LYLE ISERT
RELATIONSHIP: HUSBAND
ADDRESS: 6932 STEELHEAD LANE BURLINGTON WA 98233

CAUSE OF DEATH:
A: ISCHEMIC STROKE
INTERVAL: 72 HOURS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 6932 STEELHEAD LN
CITY, STATE, ZIP: BURLINGTON, WA 98233-8595
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER: CHRISTIAN FUSCHER
MOTHER: ELL [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TEN MILE CEMETERY

CITY, STATE: LYNDEN, WASHINGTON
DISPOSITION DATE: OCTOBER 09, 2019

FUNERAL FACILITY: GILLIES FUNERAL HOME INC

ADDRESS: 202 FRONT ST
CITY, STATE, ZIP: LYNDEN, WASHINGTON 98264
FUNERAL DIRECTOR: DENNIS J. LYTLE

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: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: OCTOBER 01, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: OCTOBER 07, 2019



Affidavit for Correction

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

Records & 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
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Required Information must match current information on record

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)
 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: 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 foregoing is true and correct

16a. Signature: _____ **16b. Signature of 2nd parent (if required):** _____
 Printed name: _____ Date: _____ 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 (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



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

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



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