

AFTER RECORDING MAIL TO:

Name Mary E Schoenmaker
Address 3606 West 7th St.
City/State Anacortes, WA 98221

Document Title(s):

1. Death Certificate and Lack of Probate Affidavit

Reference Number(s) of Documents Assigned or released:

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Josie Bear
Affidavit No. 2022-1077
Date 03/18/2022

Grantor(s):

1. Joseph D. Schoenmaker
2. [] Additional information on page of document

Grantee(s):

1. The Public
[] Additional information on page of document

Trustee:

- 1.

Abbreviated Legal Description:

Lots 3-5, Block 1113, NORTHERN PACIFIC ADDITION

Tax Parcel Number(s):

P58242/3809-113-004-0004

- [] Complete legal description is on page of document

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-001402

LOCAL FILE NUMBER: 6100

DATE ISSUED: 01/14/2022
FEE NUMBER: 310122FIRST AND MIDDLE NAME(S): JOSEPH DALE
LAST NAME(S): SCHOENMAKERCOUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: JANUARY 08, 2022
HOUR OF DEATH: 11:40 AM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: -----HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARY EILEEN PHELANOCCUPATION: REMODELING CONSTRUCTION
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: MARY EILEEN SCHOENMAKER
RELATIONSHIP: SPOUSE
ADDRESS: 3606 W 7TH STREET, ANACORTES, WA 98221CAUSE OF DEATH:
A: PANCREATIC CANCER, MULTIPLE RECENT STROKES (PRESUME EMBOLIC), ATRIAL FIBRILLATION
INTERVAL: MONTHS, WEEKS, YEARSB:
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: OTHER PERSON'S RESIDENCE
FACILITY OR ADDRESS: 226 101ST AVE NE
CITY, STATE, ZIP: LAKE STEVENS, WASHINGTON 98258RESIDENCE STREET: 3606 W 7TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARSFATHER: JOHN J SCHOENMAKER
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES KENTCITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: JANUARY 13, 2022

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE

ADDRESS: 1910 120TH PLACE SE, #102
CITY, STATE, ZIP: EVERETT, WASHINGTON 98208
FUNERAL DIRECTOR: CHAR C. BARRETTMANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ELIZABETH K. KIYASU, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 12040 NE 128TH STREET, MS 9
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034
DATE SIGNED: JANUARY 10, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ZHARIA DENNIS
DATE RECEIVED: JANUARY 13, 2022



Affidavit for Correction

Mail to: 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.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit #
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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 Birth 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 currently shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

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

14a. Signature: _____ 14b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-20)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

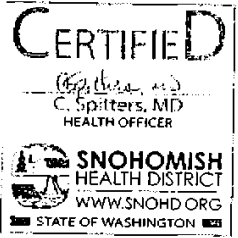
*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



0 5 1 5 8 6 4 6

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

Return Address:

Mary Schoenmaker
226 101st Avenue NE
Lake Stevens, WA 98258

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mary E. Schoenmaker, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is spouse
Relationship to decedent

of Joseph D. Schoenmaker who died on 01/06/2022
Decedent/Grantor Date

at Lake Stevens Snohomish Washington
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

Lot 3 and 4 of the Easterly 10 feet of Lot 5, Block 1113, "NORTHERN PACIFIC ADDITION TO ANACORTES,"

according to the plat thereof recorded in Volume 2 of Plats, page 9 through 11, records of Skagit County, Washington.

(Also known as Lot 2, Survey 200406290201).

Assessor's Property Tax Parcel/Account Numbers: (List All)

P58242

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in Skagit County as
Auditor's File No. 202203080067 in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (*including those not inheriting part of the decedent's estate*):

Mary E. Schoenmaker	72	spouse	
Full name, age and relationship			
226 101st Avenue NE	Snohomish	Washington	98258
Address City State Zip			
Robyn A. Augustyn	44	daughter	
Full name, age and relationship			
5908 Peakview Road	Cave Creek	Arizona	85331
Address City State Zip			
Matthew D. Schoenmaker	46	son	
Full name, age and relationship			
226 101st Avenue NE	Snohomish	Washington	98258
Address City State Zip			
Patricia M. Jennings	50	daughter	
Full name, age and relationship			
4102 W. Snow Lane,	Benton City,	Washington	99320
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 1.1 million of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 03/11/2022

Mary E. Schoenmaker Mary E. Schoenmaker 206-372-1954
Affiant's full name Telephone number
226 101st Avenue NE Lake Stevens, Washington 98258
Street City State Zip Code

State of Washington County of Snohomish

I know or have satisfactory evidence that Mary E. Schoenmaker
(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: March 11, 2022 Kristen M Taylor
Signature of Notary Public

(SEAL OR STAMP) Residing at Scottsdale, AZ

Notary Public in and for the State of AZ

My appointment expires: March 15, 2024

(Based on REV 84 0017 (1/3/17))

