



202205020109

05/02/2022 03:34 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

Return Address:

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY *Arena Thompson*
DATE *5.2.22*

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee *DONNIE MAX RUYLE* 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 *HUSBAND*
Relationship to decedent
of *SANDRA JAYNE RUYLE*, who died on *01/17/22*
Decedent/Grantor Date
at *BURLINGTON* *SKAGIT* *WA*
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: *LOT 2 SPARRS*
PROPERTY TAX P69718 REPEAT

Assessor's Property Tax Parcel/Account Number: *P69718*
(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)

DONNIE MAX RUYLE

87 SPOUSE 20284 MAPLE ST
BURLINGTON.

Full name, age, relationship, address

RONALD MARK RUYLE

SON 64 27320 28TH AVE N.W
STANWOOD, WA

Full name, age, relationship, address

TANA LOOP- RUYLE 98292

DAUGHTER IN LAW 63 27320 28TH AVE

Full name, age, relationship, address

STANWOOD
WA 98292

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 05/02/2022

DONNIE MAX RUYLE
Affiant's full name

360-202-8070
Telephone number

20284 MAPLE ST
Street

BURLINGTON WA 98233
City State Zip Code

Donnie Max Ruyle 05/02/22
Signature Date

State of Washington County of Skaagit

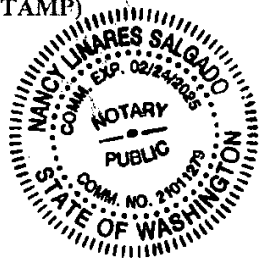
I know or have satisfactory evidence that Donnie Max Ruyle
(name of person)

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: 05/02/22

Nancy Luoren S.
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Oak Harbor, WA

Notary Public in and for the State of WA

My appointment expires: 02 / 24

Exhibit "A"

Legal Description

(0.2500 ac)(DK12) LOT 2, SPARR'S REPLAT IN TRACTS 13 AND 15,
BURLINGTON ACREAGE PROPERTY,
AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 15,
RECORDS OF SKAGIT COUNTY, WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-002578

DATE ISSUED: 01/20/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SANDRA JAYNE
LAST NAME(S): RUYLE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 17, 2022
HOUR OF DEATH: 06:30 AM
SEX: FEMALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 20284 MAPLE ST
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 20284 MAPLE ST
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 55 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WA

FATHER: FRITZ B SAVAGE
MOTHER: SARAH G [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DONNIE RUYLE

METHOD OF DISPOSITION: ENTOMBMENT
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

OCCUPATION: CASHIER
INDUSTRY: POWER COMPANY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 27, 2022

INFORMANT: DONNIE RUYLE
RELATIONSHIP: HUSBAND
ADDRESS: 20284 MAPLE ST BURLINGTON, WA 98233

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA, ORTHOSTATIC
HYPOTENSION, RECURRENT INFECTIONS, DYSPHAGIA AND ASPIRATION

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:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 19, 2022

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JANUARY 20, 2022



Affidavit for Correction

05/02/2022 03:34 PM Page 6 of 8
Marriage 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

Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 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 2 nd 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-551)

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 Acknowledgement 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, or 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.



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

CERTIFIED

JAN 20 2022

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



0 5 2 5 9 2 0 7