

202205040084

05/04/2022 02:03 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 1839
MAY 04 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee ALBERT P. BERGER 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 SPOUSE
Relationship to decedent

of (FRANCES) SUE SIMMONS BERGER, who died on DEC 7 2021
Decedent/Grantor *Date*

at MT. VERNON SKAGIT WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 39 BAKERVIEW WEST
V 17, PL P& 13-16

Assessor's Property Tax Parcel/Account Number: 4719-000-039-0000 -
(Attach full legal description of the property) .113653

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 _____)

ALBERT P. BERGER SPOUSE 92
2901 SCHULLER PL. MT. VERNON WA 98273

JEAN M. (BERGER) WILCOX 63 yrs DAUGHTER
Full name, age, relationship, address
2869 COTTONWOOD CREEK RD CHEWELAH WA 99109

ARNE R. BERGER 61 yrs SON
Full name, age, relationship, address
20311 48 AV. S.E. BOTHELL WA 98012

RAYMOND A. BERGER 59 yrs SON
Full name, age, relationship, address
2902 SCHULLER PL MT. VERNON WA 98273

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: MAY 4 2022

ALBERT PAUL BERGER
Affiant's full name

360 856 2238
Telephone number

2901 SCHULLER PLACE

MT. VERNON ^{Street} WASHINGTON 98273
City State Zip Code

Albert Paul Berger
Signature

MAY 4, 2022
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Albert Paul Berger
(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: 5 10 4 2022

[Signature]
Signature of Notary Public

(SEAL OR STAMP)

CARLA FISCHER
Notary Public
State of Washington
License Number 200568
My Commission Expires
July 01, 2022

Residing at: Sedon Woodley WA 98284

Notary Public in and for the State of Washington

My appointment expires: July 01 2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-062590

DATE ISSUED: 12/09/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): FRANCES SUE SIMMONS

LAST NAME(S): BERGER

AKA: SUE SIMMONS BERGER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 07, 2021

HOUR OF DEATH: 02:15 AM

SEX: FEMALE AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 03, 1931

BIRTHPLACE: [REDACTED]

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ALBERT PAUL BERGER

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: ALBERT P BERGER

RELATIONSHIP: HUSBAND

ADDRESS: 2901 SCHULLER PLACE, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
ALZHEIMER'S DEMENTIA

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 2901 SCHULLER PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2901 SCHULLER PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: WILLIAM SIMMONS

MOTHER: DOROTHY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 10, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: DECEMBER 08, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: DECEMBER 08, 2021



Affidavit for Correction

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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 Number

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) 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: 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 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-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 Adult (18 years or older)
If legal guardian(s), include certified court order proving guardianship. Only the adult can change his or her birth certificate.
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. If the first or middle name is missing, three pieces of proof documentation are required.
No proof is required to change the first or middle name.* 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 information, one proof documentation is required. To correct parent's birth date, place of birth, or name, one proof documentation is required.
To correct the sex of the child, one proof documentation from a medical provider 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.



CERTIFIED

DEC 09 2021

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



0 5 2 5 6 8 2 5

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