

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
205676-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/06/2022

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Estella A. Fox, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of James Elbert Fox,
Relationship to decedent *Decedent/Grantor*

who died on August 25, 2008 at
Date

Mount Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 9, Camelot on the Skagit Div. 1.

Assessor's Property Tax Parcel/Account Number: 4372-000-009-0003/P80660
(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)

Estella A. Fox ⁷⁶
Surviving Spouse, 901 Metcalf Street Box 156, Sedro-Woolley,
WA 98284

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

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 5/5/22

Estella A. Fox
Affiant's full name

(360) 399-0232
Telephone number

901 Metcalf Street Box 156
Street

Sedro-Woolley WA 98284
City State Zip Code

Estella A. Fox 5/5/22
Signature Date

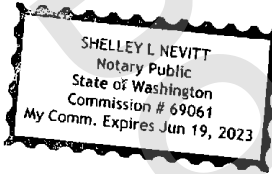
STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 5th day of May, 2022 by Estella A. Fox.

Shelley L. Nevitt
Signature

Notary
Title

My appointment expires: 6-19-2023



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 731-08 Washington State Certificate of Death State File Number 8 65541

1. Legal Name (Include ALL surnames and First Middle LAST Suffix) JAMES ELBERT FOX				2. Death Date Aug 25, 2008	
3. Sex (M/F) Male	4a. Age - Last Birthday 65	4b. Under 1 Year Months 0	4c. Under 1 Day Hours 0	5. Social Security Number	6. County of Death Skagit
7. Birthdate	8a. Birthplace (City, Town, or County) Sylva	8b. (State or Foreign Country) No	8c. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian	12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 26593 Hoehn Rd				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code - 4 98284
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. 15 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Estella Frisbee	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use acronym.) Heavy Equipment Mechanic			18. Kind of Business/Industry (Do not use Company Name) Timber Industry		
19. Father's Name (First, Middle, Last, Suffix) Ernest Victor Fox			20. Mother's Name Before First Marriage (First, Middle, Last) Merle		
21. Informant's Name Estella Fox		22. Relationship to Decedent Wife		23. Mailing Address - Number and Street or P.O. No. City or Town State Zip Code 26593 Hoehn Rd Sedro-Woolley, WA 98284	
24. Place of Death: If Death Occurred in a Hospital: Inpatient Place of Death: If Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (if not a facility, give number & street or location) Skagit Valley Hospital		26a. City, Town, or Location of Death Mount Vernon		26b. State WA	27. Zip Code 98273
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hamilton Cemetery		30. Location-City/Town, and State Hamilton, WA	
31. Name and Complete Address of Funeral Facility Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284				32. Date of Disposition August 28, 2008	
33. Funeral Home Name					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused this death. DO NOT abbreviate. Add additional lines if necessary. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pneumonia Interval between Onset & Death 2 weeks Due to (or as a consequence of) b. lung cancer Interval between Onset & Death 1 year Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST c. Interval between Onset & Death d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Throat CA, COPD, Hypertension, ASCVD				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Unknown if pregnant within the past year		39. If female		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street Apt No. City or Town: County: State Zip Code - 4					
46. Describe how injury occurred				47. If transportation injury, specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician: Name and Complete Address of Physician (Type or Print) Denis Harlock MD 830 Ball St Sedro-Woolley, WA 98284				48b. Medical Examiner/Coroner: On the basis of a certification, and/or investigation, in my opinion death occurred at the time, place and place, and due to the cause(s) indicated stated	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Denis Harlock MD 830 Ball St Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 0515	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy) August 25, 2008	
53. Title of Certifier Physician		54. License Number 41814		55. ME/Coroner File Number NJA-382	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature Cherie Anderson Deputy				58. Date Received (mm/dd/yyyy) AUG 27 2008	
59. Amendments					



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47614
Olympia, WA 98512-0614
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:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) / Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			
	6. Name of Person Requesting Correction: <input type="checkbox"/> Birth (self or Spouse) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Informant <input type="checkbox"/> Hospital			
	Person on Record: <input type="checkbox"/> Parents <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 now shows:	The true fact is:
8	
10	
12	
14	

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

16a. Signature: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.gsa.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 Reentry Resident card (I-551)

- Birth Certificates**
- Only a parent(s), legal guardian of the child (under 18), or the named individual (17 or older) may change the birth certificate.
 - The proof(s) must match the asserted facts. For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
 - 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 parents' information, one document (parent or new parent).
 - 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 last, middle and/or first name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
 - To correct parent(s) on this date of birth, 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**
- Only the informant, the funeral director or executor, a close family member (as defined on the certificate) or the person in possession of the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant or the certificate (family members are spouse or registered domestic partner, parent, sibling or adopted or step-parent). Family status requires a certified copy of a court order if someone other than the informant is requesting the change.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

- Marriage/Dissolution (Divorce) Certificates**
- 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.
 - To change the date or place of marriage or dissolution, the official (marriage or clerk of court/dissolution) must complete and submit the affidavit.

This is a true and correct copy of the record as lawfully registered and on file with the Washington State Department of Health, pursuant to the authority of Chapter 70.04 RCW, and in the presence of Jean Rembertson, State Registrar.

Jean Rembertson

ISSUED

JAN 04 2019



0 2 7 2 6 2 1 4

EXHIBIT "A"

LEGAL DESCRIPTION

Parcel Number: 4372-000-009-0003/P80660

Lot 9, "PLAT OF CAMELOT ON THE SKAGIT DIV NO. 1," as per plat recorded in Volume 12 of Plats, pages 8, 9 and 10, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.