



202209160042

09/16/2022 10:29 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

45119 Cedar
Concrete Wa
98237

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 3828

SEP 16 2022

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Charles Munday Jr 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 Christina Munday, who died on 11-12-2013

Decedent/Grantor

Date

at Bellingham Whatcom Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LTS 18 to 20 BLK 6
Grassmere

Assessor's Property Tax Parcel/Account Number: P 70946
(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)

(Page 1 of _____)

Charles Munday Jr 54 Spouse

45119 Cedar Concrete Way 98237

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: 9-16-22

Charles A. Munday Jr

Affiant's full name

360-399-3799

Telephone number

45119 Cedar

Concrete WA 98237

City

Street

State

Zip Code

Charles Munday
Signature

9-16-22
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Charles A. Munday Jr
(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: 09/16/2022

Belen Martinez
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Skagit County

Notary Public in and for the State of WASHINGTON

My appointment expires: 03/30/2026

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1504** Washington State Certificate of Death State File Number **2013 64215**

1. Legal Name (include AKA's if any) First Middle LAST Suffix
Christina Loreen Munday

2. Death Date
Nov. 12, 2013

3. Sex (M/F) **Female** 4a. Age - Last Birthday **44** 4b. Under 1 Year **0** 4c. Under 1 Day **0** 6. County of Death
Whatcom

5a. Birthplace (City, Town, or County) **Mount Vernon** 5b. (State or Foreign Country) **Washington** 5. Decedent's Education
10th Grade

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? **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) **45119 Cedar Street** 13b. City or Town
Concrete

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) **Washington** 13e. State or Foreign Country **Washington** 13f. Zip Code + 4
98237 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. **2 1/2 Years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
Charles Alfred Munday, Jr.

17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)
Homemaker **Own Home**

19. Father's Name (First, Middle, Last, Suffix) **William Meadows** 20. Mother's Name Before (First, Middle, Last, Suffix) **Elizabeth Lou [redacted]**

21. Informant's Name **Charles A. Munday, Jr.** 22. Relationship to Decedent **Husband** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
45119 Cedar Street, Concrete, WA 98237

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) **PeaceHealth St. Joseph Medical Center** 26a. City, Town, or Location of Death **Bellingham** 26b. State **WA** 27. Zip Code
98225

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Mount Vernon Cemetery Crematory** 30. Location-City/Town, and State
Mount Vernon, Washington

31. Name and Complete Address of Funeral Facility **Lemley Chapel, Inc., 1008 Third Street, Sedro-Woolley, WA 98284** 32. Date of Disposition
Nov. 15, 2013

33. Funeral Director Signature X **Douglas Hutter #1857**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **a. Intracerebral hemorrhage** Interval between Onset & Death **5 days**

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

b. Due to (or as a consequence of):

c. Due to (or as a consequence of):

d. Due to (or as a consequence of):

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Hypertension**

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 39. If female Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? No Yes Probably 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? Yes No 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: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X **Janet Seltzer** X 48b. Medical Examiner/Coroner - On the basis of examination, on-site investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Janet Seltzer, MD 3015 Squaticum Parkway #140, Bellingham, WA 98225** 50. Hour of Death (24hrs) **3:45 PM**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy) **11-15-13**

53. Title of Certifier **Physician** 54. License Number **W6136** 55. ME/Coroner File Number 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature **Gary [redacted] MD** 58. Date Received (mm/dd/yyyy) **NOV 15 2013**

59. Amendments



Affidavit for Correction

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
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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 and 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)

First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital
 Person on Record: 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 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 from 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 their own 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.



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 Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

AUG 29 2022



0 5 1 2 7 5 9 4

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