

202211280102

11/28/2022 02:08 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

1267 View Street
Camano Island, WA
98282-7509

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 4714
NOV 28 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By [Signature] Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Clay Russell Wallace, 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 surviving spouse
Relationship to decedent

of Mary Colette Wallace, who died on 11/28/2013
Decedent/Grantor Date

at Bellevue King Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

P65834 - LOT 2 BLK 3 HOLIDAY HIDEAWAY NO. 1

P65835 - LOT 3 BLK 3 HOLIDAY HIDEAWAY NO. 1

Assessor's Property Tax Parcel/Account Number: 65834 1500-110 1/2
(Attach full legal description of the property) 65835 1500-110 1/2

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 2)

Clay Russell Wallace, 68 (59 at DOD), ^{Surviving} Spouse
1267 View St, Cannon Island, WA 98289-7509
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: 11/18/2022

Clay Russell Wallace

Affiant's full name

(425) 894-3950

Telephone number

1267 View Street

Camano Island ^{Street} WA 98282-7509
City State Zip Code

Clay Russell Wallace 11/18/2022
Signature Date

State of Washington County of Island

I know or have satisfactory evidence that Clay Russell Wallace
(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: 11/18/2022 Lenore A. Hefferman
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Camano Island

Notary Public in and for the State of WA

My appointment expires: 11/2023

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **12425** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA if any): First Middle LAST 2. Death Date
Mary Colette Wallace **11/28/2013**

3. Sex (M/F) **Female** 4a. Age - Last Birthday **60** 4b. Under 1 Year: Months Days 4c. Under 1 Day: Hours Minutes 5. Social Security Number 6. County of Death **King**

7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education
[REDACTED] **Ft. Smith Arkansas** **Bachelor's Degree**

10. Was Decedent of Hispanic Origin? (Yes or No). If yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces?
No **Caucasian** **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 13b. City or Town
281 112th Ave SE #3 **Bellevue**

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?
King **n/a** **Washington** **98004-6417** Yes No Unk.

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
13 Years 8 Months **Married** **Clay Russell Wallace**

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)
Architectural Research **Architecture**

19. Father's Name (First, Middle, Last; Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)
William Page Hill **Lula [REDACTED]**

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Clay Wallace **Spouse** **P O Box 50527, Bellevue WA 98015-0527**

24. Place of Death, if Death Occurred in a Hospital. 25. Facility Name (if not a facility, give number & street or location). 26a. City, Town, or Location of Death 26b. State 27. Zip Code
Residence **281 112th Ave SE #3** **Bellevue** **WA** **98004**

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
Cremation **First Cremation Service** **Kent, WA**

31. Name and Complete Address of Funeral Facility 32. Date of Disposition
Barton Family Funeral Service, 11630 Slater Ave NE, Kirkland, WA 98034 **12/9/2013**

33. Funeral Director Signature X
Patricia Barton

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.
 Cause of Death (See Instructions and examples)
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Ovarian cancer** Interval between Onset & Death **9 months**
 Due to (or as a consequence of):
 b.
 Interval between Onset & Death
 c.
 Interval between Onset & Death
 d.
 Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Primary embolism** 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?
 Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes Probably Undetermined Suicide Pending Not pregnant, but pregnant 43 days to 1 year before death No Unknown Unknown if pregnant within the past year

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 City or Town County State Zip Code + 4
 APT. No.
 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. 48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Dean Carr, MD For Dr Riddick

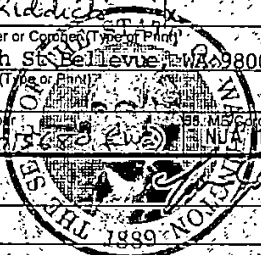
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print) 50. Hour of Death (24hrs)
Jacqueline Riddick 11511 NE 10th St Bellevue WA 98004 425-502-3850 **0220**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy)
[REDACTED] **12/1/2013**

53. Title of Certifier 54. License Number 55. M.E./Coroner File Number 56. Was case referred to ME/Coroner?
MD **MD 0003680 (WA)** **INUA 13-8408** Yes No

57. Registrar Signature 58. Date Received (mm/dd/yyyy)
[REDACTED] **DEC 9 2013**

59. Amendments





Affidavit for Correction

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
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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

1. Name on record: First Middle Last 2. Date of Event: 3. Place of Event: City or County

4. Father/Parent Full Birth Name (For Birth) (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (For Birth) (Spouse B for Marriage or Dissolution)

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature: (Printed Name) 16. Date: 17. Address:

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
Passport	Hospital/Medical Record	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

~~4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)~~

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

David Fleming
David Fleming, MD
Director and Health Officer

DEC. 09. 2013

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