

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
208921-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/25/2023

208921-LT AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Donn Heflin, 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

daughter of Elvin W Haley
Relationship to decedent *Decedent/Grantor Name*

who died on 2/7/2013 at
Date

Mt. Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Unit 17, Stonebridge Condo, 6th Amendment Declaration and the 5th Amendment Survey #200302060084

Assessor's Property Tax Parcel/Account Number: 4775-000-017-0000/P119606
(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)

Donn Heflin 68 daughter

20461 Hamilton Ct, Burlington, WA 98233

Full name, age, relationship, address

Debra Jo Haley 66 DAUGHTER

732 CASCADE PALMS CT, SEDRO WOOLLEY, WA 98284

Full name, age, relationship, address

Carolann Haley, 69 daughter

11500 Fairway Dr #506, Reston, VA 20190

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: 4/17/23

Donn H Heflin
Affiant's full name

907-723-0439
Telephone number

20461 Hamilton Ct, B
Street

Burlington WA 98237
City State Zip Code

[Signature] 4/17/23
Signature Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 17th day of April, 2023 by
Donn H. Heflin

Naomi R. Stauffer
Signature
Notary
Title

NAOMI R STANFILL
Notary Public
State of Washington
License Number 201173
My Commission Expires
March 17, 2026

My appointment expires: March 17, 2026

Legal Description

Unit 17, STONEBRIDGE CONDOMINIUM, according to the SIXTH AMENDED DECLARATION THEREOF recorded August 20, 2003, under Auditor's File Number 200308200025, AND FIFTH AMENDED SURVEY MAP AND PLANS THEREOF recorded February 26, 2003 under Auditor's File Number 200302060084, records of Skagit County Washington.

Situated in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-002436

DATE ISSUED: 02/11/2013

FEE NUMBER: 0000000029

GIVEN NAMES: ELVIN WARREN
LAST NAME: HALEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 07, 2013
HOUR OF DEATH: 05:50 A.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE:
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: LOIS POINDEXTER

OCCUPATION: MUSIC INSTRUCTOR
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? YES

INFORMANT: LOIS HALEY
RELATIONSHIP: WIFE
ADDRESS: 2503 STONEBRIDGE WAY, MOUNT VERNON, WASHINGTON, 98273

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: 3807 E. COLLEGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2503 STONEBRIDGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: STIRLING C HALEY
MOTHER:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: FEBRUARY 08, 2013

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

- CAUSE OF DEATH:
- A. INFLUENZA PNEUMONIA
INTERVAL: 6 DAYS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PARKINSON'S DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CARL M. BERLINER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 607 N. 4TH STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: FEBRUARY 08, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

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CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJAN 088
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 08, 2013





Affidavit for Correction

04/25/2023 10:11 AM
Bureau 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: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Maiden Name (For Birth): (Wife 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: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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's maiden name, father's 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 birth date, place of birth or parent's information, one documentary proof is required.
 - 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 and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or 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.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

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.

CERTIFIED

FEB 11 2013

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

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