

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
208800-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/15/2023

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Darlene L. Thramer, 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 Leo Joseph Thramer
Relationship to decedent *Decedent/Grantor Name*

who died on November 24, 2022 at:
Date

Burlington Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Unit 15B, Cedar Point, A Condominium

Assessor's Property Tax Parcel/Account Number: 4788-000-015-0200/P118764
(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)

Darlene L. Thramer, Surviving Spouse

400 Gilkey Road, Apartment 215, Burlington, WA 98233
Full name, age, relationship, address

Dated: May 12, 2023

Legal Description

Unit 15B, "CEDAR POINT, A CONDOMINIUM," as per Survey Map and Plans recorded on January 10, 2002 under Auditor's File No. 200201100078, and as described in Declaration recorded January 10, 2002, under Auditor's File No. 200201100079; and First Amendment thereto recorded April 27, 2004, under Auditor's File No. 200404270060; and Second Amendment thereto recorded March 1, 2006,; and Third Amendment thereto recorded June 4, 2007, under Auditor's File No. 200706040181; records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

CERTIFICATE OF DEATH



CERTIFICATE NUMBER 2022-059981

DATE ISSUED: 12/01/2022
FEE NUMBER:FIRST AND MIDDLE NAME(S): LEO JOSEPH
LAST NAME(S): THRAMERCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 24, 2022
HOUR OF DEATH: 12:30 AM
SEX: MALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTHPLACE: SPALDING, NEMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DARLENE CHELDELINOCCUPATION: INSTALL AND REPAIR
INDUSTRY: TELEPHONE COMPANY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: DARLENE THRAMER
RELATIONSHIP: WIFE
ADDRESS: 400 GILKEY ROAD, ROOM 215, BURLINGTON, WA, 98233CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: 7 MONTHS
B: CORONARY ARTERY DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: PARKINSON'S DISEASE,
VASCULAR DEMENTIA, PLEURAL EFFUSIONDATE 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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: CREEKSIDE CONTINUING CARE COMMUNITY
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 400 GILKEY ROAD
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 MONTHSFATHER: LEO A THRAMER
MOTHER:METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 28, 2022

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 28, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 28, 2022



Affidavit for Correction

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Washington State Department of 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: _____ 2. Date of Event: _____ 3. Place of Event: _____

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: _____

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 foregoing 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form 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 his or her 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.

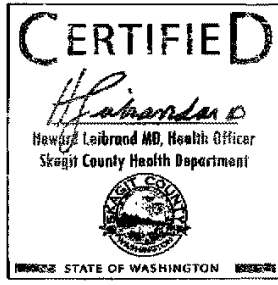
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- 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.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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

