

Return Address:

Kathryn Zaharris
4602 Anaco Beach Rd
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/22/2023

AFFIDAVIT (LACK OF PROBATE)

Accommodation Only
M22644

The undersigned affiant/grantee Helen Piroutek, 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 Allen Joseph Piroutek, who died on 4/6/2023
Decedent/Grantor *Date*

at Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 1, Bessier Short Plat NO. Ana-05-002
AF # 2005 09 010125 C Ptn Gov. Lots 3+4,
27-35-1 E W.M.)

Assessor's Property Tax Parcel/Account Number: 3858-000-075-0100
(Attach full legal description of the property) P123317

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 _____)

Helen Piroutek 83 4610 Anaco Beach Rd
Anacortes, WA 98221 - spouse

Kathryn Zaharris 47 4602 Anaco Beach Rd
Anacortes, WA 98221 - daughter

Anaela Grant 56 451 Serenity Pt Dr.
Herderson, NV 89012 - daughter

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: 5/18/23

Helen Piroutek

Affiant's full name

361-698-5091

Telephone number

4610 Anaco Beach Rd

Anacortes
City

WA
State

98221
Zip Code

Helen Piroutek
Signature

5/18/23
Date

State of WA County of Skagit

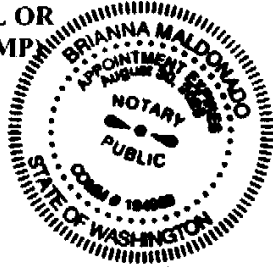
I know or have satisfactory evidence that Helen Piroutek
(name of person)

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: 05/18/2023

Brianna Maldonado
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Anacortes WA 98221

Notary Public in and for the State of WA

My appointment expires: 08/30/2025

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 1, Bessler Short Plat No. ANA-05-002, approved August 22, 2005, and recorded September 1, 2005; under Auditor's File No. 200509010125; being a portion of Government Lots 3 and 4, Section 27, Township 35 North, Range 1 East, W.M.; and also being a portion of Tract 75, "PLAT OF ANACO BEACH", as per plat recorded in Volume 5 of Plats, page 4, records of Skagit County, Washington;

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-017938

DATE ISSUED: 04/13/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ALLEN JOSEPH
LAST NAME(S): PIROUTEK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 06, 2023
HOUR OF DEATH: 07:00 PM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE:
BIRTHPLACE: RAPID CITY, SD

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: HELEN TITINE HENO

OCCUPATION: DIRECTOR OF SALES AND SERVICE
INDUSTRY: BEVERAGE SERVICE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: HELEN PIROUTEK
RELATIONSHIP: SPOUSE
ADDRESS: 4610 ANACO BEACH RD. ANACORTES, WA 98221

CAUSE OF DEATH:
A: COLON CANCER
INTERVAL: 2 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC DISEASE TO LIVER AND BONE.

DATE 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: DECEDENT'S HOME
FACILITY OR ADDRESS: 4610 ANACO BEACH RD.
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4610 ANACO BEACH RD.
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: ALLEN HOWARD PIROUTEK
MOTHER:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: APRIL 13, 2023

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: JUSTINE E. WHITE

MANNER 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 RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 11, 2023

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: APRIL 12, 2023



Affidavit for Correction

05/22/2023 12:34 PM Page 6 of 6 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

- 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 form DOH 422-159).

Child under 18

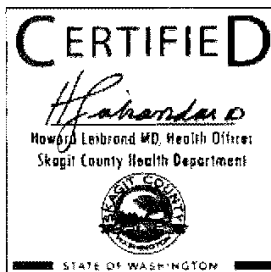
- If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); 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.
*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.



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



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