

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
207309-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/25/2023

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Nancy C. Schonne, being first duly sworn deposes and states as follows:
Sworn of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is
Wife of Donald W Schonne,
Relationship to decedent *Decedent/Grantor Name*

who died on 6-14-09 at
Date
Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Ptn Unnumbered Tract Map of Fidalgo City(aka hotel Tract, aka Block 151)

Assessor's Property Tax Parcel/Account Number: 4101-151-010-0000/P114328
(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)

Nancy C. Schoune, 82 yds. spouse
Full name, age, relationship, address

800 1st. Ave. West, Gold Beach, Ore. 98251

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: 5-1-2023

Nancy C. Schonne
Affiant's full name

360-770-6034
Telephone number

800 1st Ave N

Gold Bar, Wa. 98251
City State Zip Code

Nancy C. Schonne May 1, 2023
Signature Date

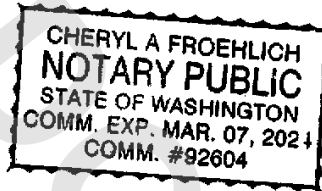
STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 1 day of May, 2023 by

Nancy C. Schonne
Signature

Notary
Title

My appointment expires: 3-7, 2024



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 529-09		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Donald Walter Schonne				2. Death Date 06/14/2009		
3. Sex (M/F) Male	4a. Age - Last Birthday 79	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skagit	
7. Birthplace (City, Town, or County) Chicago		8a. (State or Foreign Country) IL		9. Decedent's Education Associate's Degree		
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? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 6092 State Route 20				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA		13f. Zip Code + 4 98221
14. Estimated length of time at residence 19 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Nancy C. Tribble		
17. Usual Occupation (Indicate type of work done during most of working life. Do not use RETIRED) Police Officer				18. Kind of Business/Industry (Do not use Company Name) Law Enforcement		
19. Father's Name (First, Middle, Last, Suffix) Walter J. Schonne				20. Mother's Name Before First Marriage (First, Middle, Last)		
21. Informant's Name Nancy Schonne		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 6092 SK 20 Anacortes, WA 98221		
24. Place of Death, if Death Occurred in a Hospital: <input type="checkbox"/> Place of Death, if Death Occurred Somewhere Other than a Hospital: <input checked="" type="checkbox"/> Own Residence						
25. Facility Name (if not a facility, give number & street or location) 6092 State Route 20				26a. City, Town, or Location of Death Anacortes		26b. State WA
27. Zip Code 98221		28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Neptune Society Cremation Services		
30. Location-City/Town, and State Kent, WA				31. Name and Complete Address of Funeral Facility Neptune Society, 19327 40th Ave N, Ste A, Lynnwood, WA 98036		
32. Date of Disposition 06/19/2009				33. Funeral Director Signature X <i>[Signature]</i>		
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. Pancreatic Cancer, metastatic		Interval between Onset & Death 2 yrs	
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. _____		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				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street City or Town County State Zip Code + 4				46. Describe how injury occurred		
47. If transportation injury, specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician (Note: if not known, death occurred at the time, date, and place of death 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.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Wylie Vracin, 202 N Main St, Coupeville, WA 98239		
50. Hour of Death (24hrs) 1900				51. Name and Title of Attending Physician (if other than Certifier (Type or Print))		
52. Date Signed (mm/dd/yyyy) 6/18/09				53. Title of Certifier M.D.		
54. License Number MD00020146				55. ME/Coroner File Number 303		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) JUN 19 2009		
59. Amendments						



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (5/99)



202305250075

Affidavit for Correction 05/25/2023 03:28 PM Page 5 of 5

Center for Health Statistics
2000 1st Avenue
Olympia, WA 98507-9709
(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 Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
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 foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

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

- | | | | |
|--------------------------------|-------------------------------|--------------------------|---|
| Examples of documentary proof: | Certificate of Naturalization | Medical Record | School Record |
| | Hospital Records | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| | Insurance Records | Birth Record | Alien Registration Card (front and back) |
| | Marriage/Divorce Records | Passport | |

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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - 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.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JUN 29 2009

Howard L. Librand
 Skagit County Health Department
 Howard L. Librand M.D., Health Officer

RR00599843