

WHEN RECORDED RETURN TO:
Robin M. MacNeil
395 Chilkat Pl,
La Conner, WA 98257



202312220034

12/22/2023 12:48 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023135
DEC 22 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By *Kb* Deputy

LACK OF PROBATE AFFIDAVIT

ROBIN M. MACNEIL, being first duly sworn, declares as follows:

I am the surviving spouse of THOMAS MACNEIL, who died on December 21, 2016, then a resident of La Conner, Skagit County, Washington. A certified copy of his Death Certificate is attached.

Decedent left a community interest in the real property, legally described as follows:

LOT 395, REVISED MAP SURVEY OF SHELTER BAY DIV. 2, TRIBAL AND ALLOTTED LANDS OF SWINOMISH INDIAN RESERVATIONS, AS RECORDED MARCH 17, 1970, IN VOLUME 43 OF OFFICIAL RECORDS, PAGES 833 THROUGH 838, UNDER AUDITOR'S FILE NO. 737013 RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON

Tax Parcel No: P129207

Decedent left a Will which has not been probated or revoked.

Decedent was married to Affiant at the time of his death. Decedent had two children, Julie MacNeil and Laurie A. Sarver.

All the debts of the decedent and/or the marital community, including, but not limited to, all expenses of taxes, have been fully paid.

Decedent has never received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare).

I am making this Affidavit to induce a future title insurance company, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was the Decedent's and my community property.

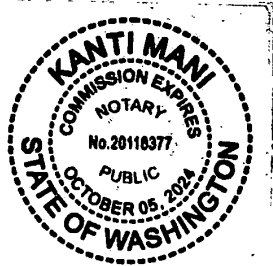
DATED on December 21, 2023.

Robin M MacNeil
Robin M. MacNeil, Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know, or have satisfactory evidence, that the Grantor, Robin M. MacNeil, is the person who appeared before me, signed this instrument, and acknowledged that the signing was done freely and voluntarily for the purpose mentioned in the instrument.

SUBSCRIBED AND SWORN to before me on December 21, 2023.



Kanti Mani
(Signature) *Kanti Mani*
Kanti Mani

(Name)
NOTARY PUBLIC in and for the State of
Washington, residing at: Seattle, WA
My commission expires: 10/5/24

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-051904

DATE ISSUED: 12/27/2016

FEE NUMBER: 000000029

GIVEN NAMES: THOMAS ALAN
LAST NAME: MACNEIL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 21, 2016
HOUR OF DEATH: 03:35 P.M.
SEX: MALE
AGE: 70 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 165 HAIDA PLACE
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 395 CHILKAT PLACE
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 16 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, KING CNTY., WASHINGTON

FATHER/PARENT: NEIL THOMAS MACNEIL
MOTHER/PARENT: VIVY [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: ROBIN MARIE SCHROEDER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: DECEMBER 28, 2016

OCCUPATION: FILM/COMERCIAL DIRECTOR
INDUSTRY: FILM PRODUCTION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: RODGER L. TRIAX

INFORMANT: ROBIN MARIE MACNEIL
RELATIONSHIP: WIFE
ADDRESS: 395 CHILKAT PLACE, LA CONNER, WA 98257

- CAUSE OF DEATH:
- A. CARDIAC ARREST
INTERVAL: IMMEDIATE
- B. CORONARY ARTERY DISEASE
INTERVAL: YEARS
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
AORTIC STENOSIS, ATRIAL FIBRILLATION

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

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: ALLEN H. HORESH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: DECEMBER 23, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: DECEMBER 23, 2016

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





Affidavit for Correction

202312220034

12/22/2023 12:48 PM
Washington State Department of Health
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
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last
 2. Date of Event: MM/DD/YYYY
 3. Place of Event: City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden
 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden

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: P.O. Box or Street Address City State Zip

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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature: Printed name: Date:

16b. Signature of 2nd parent (if required): Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

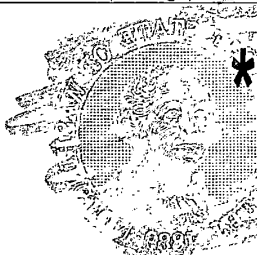
Death Certificates

1. 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 a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



CERTIFIED

DEC 27 2016

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

GG00096990