

Return Address:

Joe Halton
516 V Ave
Anacortes WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/14/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Joe Halton, 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 Spouse
Relationship to decedent
of Nancy Cook Halton, who died on 6/19/24
Decedent/Grantor *Date*
at Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lts 18-20, BIK 13" Bowman's
Central Ship Harbor Water Front Plat of
Anacortes, Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: PS6832/3776-013-020-
(Attach full legal description of the property) 0005

- 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)

Joe Halton, spouse
516 V Ave, Anacortes WA 98221
Full name, age, relationship, address

nk
Full name, age, relationship, address

na
Full name, age, relationship, address

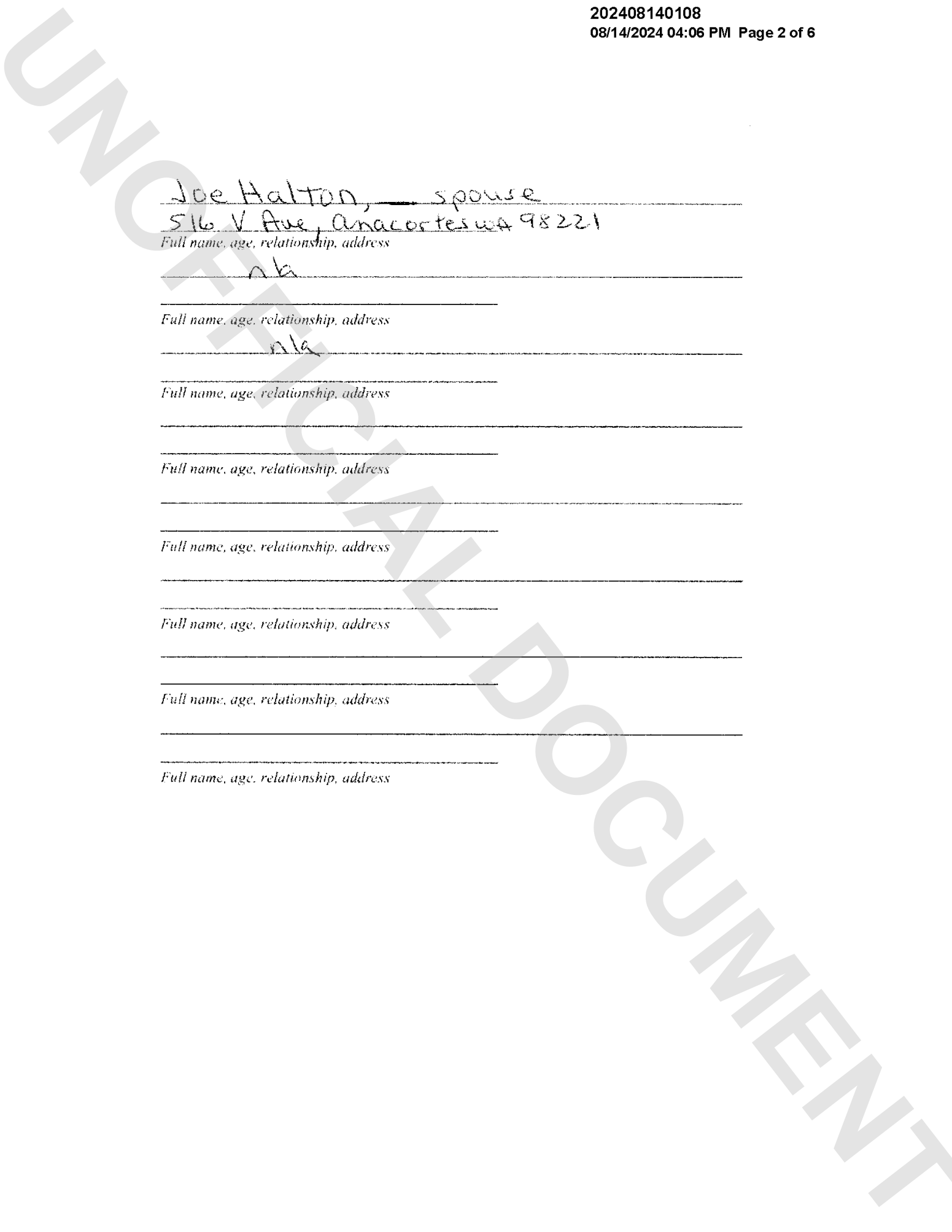
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address



Dated: August 5, 2024

Joe Halton

Affiant's full name

360-770-8284

Telephone number

516 V Ave

Anacortes

City

WA

State

98221

Zip Code

Joe Halton

Signature

Aug. 5, 2024

Date

State of WA County of Skagit

I know or have satisfactory evidence that Joe Halton
(name of person)

is the person who appeared before me, and said person acknowledged that (he) signed this affidavit and acknowledged it to be (his) free and voluntary act for the uses and purposes mentioned in this affidavit.

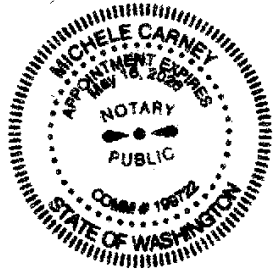
Dated: 8-15-2024 Michele Carney
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Skagit

Notary Public in and for the State of WA

My appointment expires: May 16, 2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-029953

DATE ISSUED: 06/24/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): NANCY COOK
LAST NAME(S): HALTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 19, 2024
HOUR OF DEATH: 02:40 AM
SEX: FEMALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 516 V AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 516 V AVENUE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: JONESBORO, AR

FATHER: CLYDE EDWARD MCMEANS
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JOSEPH GAIL HALTON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: PROGRAM SPECIALIST
INDUSTRY: HUMAN SERVICES
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 24, 2024

INFORMANT: JOE HALTON
RELATIONSHIP: HUSBAND
ADDRESS: 516 V AVENUE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

CAUSE OF DEATH:
A: UVEAL MELANOMA OF LEFT EYE
INTERVAL: 5 YEARS

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASIS TO LIVER

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: NOT APPLICABLE

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

CERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 19, 2024

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JUNE 24, 2024

Washington Department of Health
DOH 422-034 August 2013

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4360

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required

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 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

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.



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



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EXHIBIT "A"
Legal Description

Legal Address: 516 V Avenue, Anacortes, WA 98221
File Number: 24-21468-KM

LEGAL DESCRIPTION:

Lots 18, 19 and 20, Block 13, "BOWMAN'S CENTRAL SHIP HARBOR WATER FRONT PLAT OF ANACORTES, SKAGIT COUNTY, WASHINGTON", according to the plat recorded in Volume 2 of Plats, page 33, records of Skagit County, Washington.
TOGETHER WITH that portion of vacated 6th Street, as would attach by operation of law;
EXCEPT the North 4 feet thereof as conveyed to the City of Anacortes, a municipal corporation, by deed recorded under Auditor's File No. 8303290039, records of Skagit County, Washington;
ALSO EXCEPT all that portion conveyed to the City of Anacortes, a municipal corporation, by deed recorded under Auditor's File No. 8303290038, records of Skagit County, Washington.