

**Return Address:**  
Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221  
213362-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY BELEN MARTINEZ  
DATE 09/26/2024

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee PAUL SPEHAR being first duly sworn deposes and states as follows:  
*Name of Affiant* Personal Representative of Caroline Spehar

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

SON of HAROLD SPEHAR  
*Relationship to decedent* *Decedent/Grantor Name*

who died on 9/23/24 at  
*Date*

ANACORTES SKAGIT WASHINGTON  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lots 16 & 17. Ptns Lots 15 & 18. Block 1106. Northern Pacific Add. to Ana

Assessor's Property Tax Parcel/Account Number: 3809-106-018-0002/P58204  
(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)

PAUL SPEHAR 49 years SON  
520 4th St. ANACORTES, WA 98221  
*Full name, age, relationship, address*

Caroline Ann Spehar 23yrs Surviving Spouse  
3709 West 3rd, Anacortes, WA 98221  
*Full name, age, relationship, address*

Mary Shannon Spehar 34yrs Daughter  
3709 West 3rd, Anacortes, WA 98221  
*Full name, age, relationship, address*

Micah Spehar 18yrs Adopted  
225 N Walnut St, Burlington, WA 98223  
grandson  
*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: 9/23/24

PAUL SPEHAR  
Affiant's full name

360-941-7148  
Telephone number

520 4th St

ANACORTES WA 98221  
City State Zip Code

D. [Signature] 9/23/24  
Signature Date

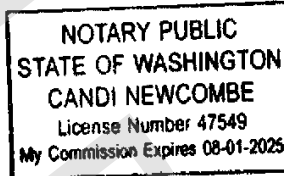
Paul Spehar, as Personal Representative of Caroline Spehar

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 23 day of September 2024 by  
Paul Spehar as Personal Representative of Caroline Spehar

Candi Newcombe  
Signature

Notary Public  
Title



My appointment expires: 8/1, 2025

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number 410-10 Washington State Certificate of Death State File Number 2010 61693

1. Legal Name (Include AKA if any) First Middle LAST Suffix <b>Harold Paul Spehar</b>				2. Death Date <b>07/21/2010</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>75</b>	4b. Under 1 Year Months <b>0</b>	4c. Under 1 Day Hours <b>0</b>	5. Social Security Number	
7. Birthdate		8a. Birthplace (City, Town, or County) <b>Detroit MI</b>	8b. (State or Foreign Country)		9. Decedent's Education <b>Master's Degree</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 3 <sup>rd</sup> St.) (Include Apt. No.) <b>3709 W. 3rd St.</b>				13b. City or Town <b>Anacortes</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>WA</b>	13f. Zip Code + 4 <b>98221</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.
14. Estimated length of time at residence. <b>15 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Caroline Gray</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use acronym)) <b>Designer</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Prototypes</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Paul A. Spehar</b>			20. Mother's Name (First, Middle, Last)		
21. Informant's Name <b>Caroline Spehar</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>3709 W. 3rd St. Anacortes WA 98221</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>			25. Facility Name (If not a facility, give number & street or location) <b>Island Hospital</b>		
26. City, Town, or Location of Death <b>Anacortes</b>		26b. State <b>WA</b>		27. Zip Code <b>98221</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Neptune Society Cremation Services</b>		30. Location-City/Town, and State <b>Kent, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Neptune Society 19324 40th Ave W., Ste A, Lynnwood, WA 98036</b>				32. Date of Disposition <b>07-26-2010</b>	
33. Funeral Director Signature X <b>Ed Sudderth</b> <i>Ed Sudderth</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. <b>Pulmonary Thrombo embolus</b>			Interval between Onset & Death <b>days</b>		
Due to (or as a consequence of):			Interval between Onset & Death		
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			Interval between Onset & Death		
b. <b>Deep venous Thrombosis of leg</b>			Interval between Onset & Death <b>days</b>		
Due to (or as a consequence of):			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 checked="" type="checkbox"/> Yes <input 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	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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: Apt. No.:			
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 - To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. <b>Carl Wigren, MD</b>			48b. Medical Examiner/Coroner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated. <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Carl Wigren, MD 1008 W Galer St. Seattle, WA 98119</b>				50. Hour of Death (24hrs) <b>1415</b>	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))				52. Date Signed (mm/dd/yyyy) <b>7/22/2010</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>MD00046013</b>		55. ME/Coroner File Number <b>126-10</b>	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <b>Carrie Anderson, Deputy</b>	
58. Date Received (mm/dd/yyyy) <b>JUL 26 2010</b>				59. Amendments <b>#36 DA71804 9/30/15 KC</b>	



# Affidavit for Correction

09/26/2024 09:54 AM

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
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#### Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record:		2. Date of Event:		3. Place of Event:
	First	Middle	Last	MM/DD/YYYY	(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First	Middle	Last/Maiden	First	Middle
	Last/Maiden	First	Middle	Last/Maiden	Last/Maiden
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address:			City:	State:	Zip:
PO Box or Street Address:			Email Address:		
Telephone Number:			Date:		
( )					

#### 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 2 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	Date:

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://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 from 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 their own 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar

ISSUED

SEP 20 2024



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