



201003030086

Skagit County Auditor

3/3/2010 Page

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4 2:31PM

When Recorded, Return To:

Michael L. Lewis

506 Main

Mount Vernon, WA 98273

AFFIDAVIT RE: LACK OF PROBATE

STATE OF WASHINGTON)
: ss.
COUNTY OF SKAGIT)

GILLIAN SANCTUARY, being first duly sworn, deposes and says:

1. **Affiant.** Affiant is the lawful surviving spouse of Clifford Sanctuary, who died January 14, 2010, at LaConner, Washington, then being a resident of LaConner, Skagit County, Washington.

2. **Heirs.** The heirs at law of decedent are:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Address</u>
Gillian Sanctuary	Surviving Spouse	Legal	79 Hoh Place LaConner, WA 98257

3. **Last Will and Testament.** Decedent also made a Last Will and Testament dated July 24, 2000, which left his entire estate, both real and personal property, to the affiant. Said Last Will and Testament has been filed with the Skagit County Clerk's office as required by law.

4. **Debts and Obligations.** All of the obligations against the marital community and against the estate of said decedent (including but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes, installment contract and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

5. **Medical Assistance.** The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

6. **Community Estate.** The total community property of decedent and affiant was approximately \$1,500,000.00 in current market value, and there was no separate property of decedent as of the date of his death.

7. **Real Estate.** Among other items of property was the following described real estate located at 79 Hoh Place, LaConner:

Lot 79, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

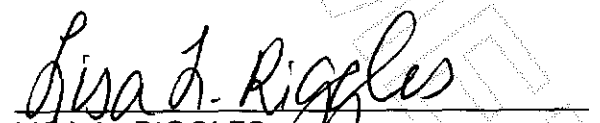
THAT this affidavit is made solely to induce any title insurance company to insure title to real property in which decedent held an interest at the time of his death. Affiant urges the title company to issue its policy of title insurance in full reliance upon the herein representations.

DATED this 2 day of March, 2010.


GILLIAN SANCTUARY

SUBSCRIBED AND SWORN to before me this 2 day of March, 2010, by Gillian Sanctuary.




LISA L. RIGGLES
Notary Public in and for the State of Washington. My commission expires: 10/1/2013.



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **49-10**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) - First Middle LAST		2. Death Date	
Clifford (nmi) SANCTUARY		Jan 14, 2010	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day
M	90	Months Days	Hours Minutes
5. Social Security Number		6. County of Death	
		Skagit	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
	Beverley	England	High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:		11. Decedent's Race(s)	
No		Caucasian	
12. Was Decedent ever in U.S. Armed Forces?		No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)		13b. City or Town	
79 Hoh Place		La Conner	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4
Skagit		Washington	98257-
13g. Inside City Limits?		☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence:		15. Marital Status at Time of Death	
5 years		Married	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))	
Gillian (nmi) AMOS		Electronic Engineer	
18. Kind of Business/Industry (Do not use Company Name)		19. Father's Name (First, Middle, Last, Suffix)	
Medical Industry		William Thomas Sanctuary	
20. Mother's Name Before First Marriage (First, Middle, Last)		21. Informant's Name	
Alice (nmi)		Gillian (nmi) Sanctuary	
22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip	
Wife		79 Hoh Place La Conner WA 98257-	
24. Place of Death, if Death Occurred in a Hospital:			
Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location)		26a. City, Town, or Location of Death	26b. State
79 Hoh Place		La Conner	WA
27. Zip Code		98257-	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)	
Cremation		Northwest Crematory	
30. Location-City/Town, and State		31. Name and Complete Address of Funeral Facility	
Anacortes, Washington		Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-	
32. Date of Disposition		33. Funeral Director Signature X	
Jan 16, 2010		Joseph J. Wabham	
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. metastatic Abdominal Cancer primary unknown			
Due to (or as a consequence of): 4 months			
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. Due to (or as a consequence of):			
c. Due to (or as a consequence of):			
d. Due to (or as a consequence of):			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			
Diabetes Type II, Atrial Fibrillation.			
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
☐ Yes ☒ No		☐ Yes ☒ No	
38. Manner of Death		39. If female	
☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending		☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	
40. Did tobacco use contribute to death?		41. Injury at Work?	
☐ Yes ☐ Probably ☒ No ☐ Unknown		☐ Yes ☐ No ☐ Unk	
42. Date of Injury (MM/DD/YYYY)		43. Hour of Injury (24hrs)	
44. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		45. Location of Injury: Number & Street	
46. Describe how injury occurred		47. If transportation injury, specify:	
		☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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		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.	
X Bryan H. Murray, M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221		X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	
		16:00 PM	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY)	
		January 15, 2010	
53. Title of Certifier		54. License Number	
M.D.		MD00043410	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
NJA #027		☒ Yes ☐ No	
57. Registrar Signature		58. Date Received (MM/DD/YYYY)	
Eugene A. Strom, D.R. REGISTRAR		JAN 16 2010	



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DOH 01-000 (5/99)

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

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



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

TT00116721