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04/04/2023 02:57 PM Pages: 1 of 4 Fees: \$205.50
Skagit County Auditor

After recording return to:

Alan R. Souders
Souders Law Group
913 7th Street
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 6016
APR 03 2023

Amount Paid \$ 0
By Skagit Co. Treasurer Deputy

DOCUMENT TITLE: **AFFIDAVIT REGARDING JOINT TENANCY WITH RIGHT OF
SURVIVORSHIP**

GRANTOR(S): **LOIS IRENE BOYER; and JEROME MAURICE BOYER, deceased**

GRANTEE(S): **THE PUBLIC**

REFERENCE NUMBER OF RELATED DOCUMENT: **198909210110**

ABBREVIATED LEGAL DESCRIPTION: **SKYLINE NO 10 LOT 37**

TAX PARCEL NOS: **3826-000-037-0003 / P59947**

STATE OF WASHINGTON)
: ss.
COUNTY OF SKAGIT)

Lois Irene Boyer, being first sworn, upon oath, deposes and says:

I am the surviving Joint Tenant of the below described real property, which I owned together with my late husband Jerome Maurice Boyer, who died November 13, 2022, at Anacortes, Washington. At the time of Decedent's death, the Decedent and I were residents of Skagit County, Washington. I am also Personal Representative of the Decedent's Estate, which is being probated in Skagit County Superior Court probate cause 22-4-00631-29.

This Affidavit is given for the purpose of supplying information pertaining to the Estate of Jerome Maurice Boyer, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the real property described herein.

At the time of the death of Jerome Maurice Boyer, the real property described herein was held in joint tenancy with right of survivorship as between the Decedent and myself, Lois Irene Boyer, as can be found in the Statutory Warranty Deed recorded under Skagit County Auditor No. 8909210110.

From the Date of Creation to the date of Decedent's death, the Joint Tenancy continued in force; each Joint Tenant recognized that the Real Property was held in Joint Tenancy with Right of Survivorship, and no interest of any Joint Tenant in the Real Property was ever conveyed, encumbered, or separated from the

interest of any other Joint Tenant, voluntarily or involuntarily, by specific act or by operation of law.

The property that was held between the aforementioned Decedent and myself as Joint Tenants with Rights of Survivorship is the following described real estate:

TRACT 37, "SKYLINE NO 10", ACCORDING TO THE PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 117 TO 120 INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

This affidavit may be used and relied upon as evidence of proof of the ownership of the above-described real property by myself, Lois Irene Boyer, as the sole surviving joint tenant with right of survivorship.

Dated this 16th day of March, 2023.

Lois Irene Boyer
Lois Irene Boyer

SUBSCRIBED AND SWORN to before me this 16th day of March, 2023.



Claudia Ridgway
Claudia Ridgway
Notary Public in and for the State of
Washington, residing at Mount Vernon
My appointment expires January 17,
2026.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-057855

DATE ISSUED: 11/16/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JEROME MAURICE

LAST NAME(S): BOYER

AKA: JERRY BOYER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 13, 2022

HOUR OF DEATH: 02:46 PM

SEX: MALE

AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ST LOUIS, MO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LOIS IRENE HAGAN

OCCUPATION: SALESPERSON

INDUSTRY: TRANSPORTATION

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: PAMELA ALLEN

RELATIONSHIP: DAUGHTER

ADDRESS: PO BOX 817, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CARDIAC AMYLOIDOSIS

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
CHRONIC KIDNEY DISEASE STAGE 4, ATRIAL FIBRILLATION,

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 4301 BRYCE DR

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4301 BRYCE DRIVE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: FIDELIS JOSEPH BOYER

MOTHER: ESTELLE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: NOVEMBER 16, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: COLE B. ERIKSON

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: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: NOVEMBER 14, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: NOVEMBER 15, 2022

Affidavit for Correction**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				
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 Birth 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 ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____		
7. Return Mailing Address: PO 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 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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.
- *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.

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.

Death Certificates

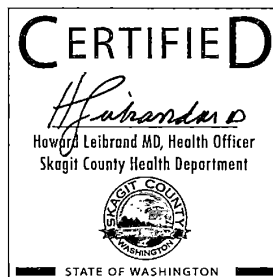
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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



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