

Goldsworthy, Lisa

From: Mauch, Wendy
Sent: Friday, June 24, 2005 8:43 AM
To: Diepenbrock, Carolyn; Goldsworthy, Lisa; Terwilliger, Bob
Subject: RE: public records request

We received a call from a family member (?) asking if he was registered and if so to cancel him. We had sent in early 2004 a voter reg update form to Mr. Murphy for lack of drivers license (although his age exempts him from the DL requirement so this mailing was accidental). She came across this piece of mail in June 2005 and called asking if he was registered to vote stating the middle initial was incorrect and that he was incompetent to vote. We asked her to send documentation to that affect. We received that documentation however it doesn't list anyone guardian only that he is incapacitated. She claimed no one has gone through Wally's mail for 2 years but in this pile of mail for him was our request for more voter info. The document she provided showing his incapacitation papers is dated November 1 2004, we clocked in his ballot November 4. There are 9 active voters at this address - 7 voted in November 2004. The precinct is in Lynnwood and will take some time to find those 7 ballots We have very limited staff at the moment. The only documents will be the letter from Annette Kessler, the court document she enclosed and the 7 ballot envelopes.

-----Original Message-----

From: Diepenbrock, Carolyn
Sent: Thursday, June 23, 2005 7:29 PM
To: Mauch, Wendy
Cc: Terwilliger, Bob
Subject: Fw: public records request

Can you please start collecting this information for Lisa? Thanks cd

Carolyn Diepenbrock, Election Manager
Snohomish County Auditor's Office
425-388-3625

-----Original Message-----

From: Goldsworthy, Lisa <Lisa.Goldsworthy@co.snohomish.wa.us>
To: Diepenbrock, Carolyn <Carolyn.Diepenbrock@co.snohomish.wa.us>
Sent: Thu Jun 23 19:17:35 2005
Subject: Fw: public records request

Can you have someone begin gathering and records pertaining to this request. I will be in on Monday.
Thanks
Lisa Goldsworthy

Recording Manager

Snohomish County Auditor

June 6, 2005

Attn. Cindy
Snohomish County Auditor
3000 Rockefeller Ave M/S 505
Everett, WA 98201-9906

RECEIVED

2005 JUN 10 AM 10:30

BOB JEPWILLIGER AUDITOR
SNOHOMISH COUNTY, WASH.

DEPUTY _____

Re: Remove Wally Murphy voter registration

Dear Cindy,

Thank you for explaining what you need to remove my uncle, Wally Murphy's name from the voter registration. Enclosed is the registration form I found in his mail pile along with a copy of part of his guardian's filing stating he is an incapacitated person and listing his address (page 2). His legal name is, Wallace J. Murphy instead of Wally I. Murphy which is in the voter registration. He is the only Wally Murphy at Manor care and everyone knows him as Wally, because I embroider it on his shirts so they don't get lost in the laundry.

Please let me know if you need any further information to remove Wally's voter registration. Please send confirmation that Wally's voter registration has been removed. If you could send it to me or Wally's guardian Leo LeFevre, it would be greatly appreciated. If not, we will be checking Wally's mail more frequently than we have in the past.

Annette Kessler
Leo LeFevre

Wally has cerebral palsy, is blind, and has never had the capacity to read or write, so I appreciate your alerting me to the label on the form indicating someone may have obtained an illegal drivers license in his name or stolen his identity. Blind people aren't usually issued drivers licenses and nursing home residents don't need photo id! I will do more checking. I certainly hope Snohomish County will require 100% voter re-registration before the next election to clean up the records!

Please contact me if you have questions about my request or need more information. Thank you for your assistance!

Best Regards,

Annette Kessler

Annette Kessler

RECEIVED

2005 JUN 10 AM 10:30

BOB TENWILLIGER AUDITOR
SNOHOMISH COUNTY, WASH.

DEPUTY _____

SUPERIOR COURT OF WASHINGTON FOR SNOHOMISH COUNTY

In the matter of the Guardianship of:

No. . 92-4-01038-6

WALLACE J. MURPHY,

CALENDAR NOTE: (NTC)

An incapacitated person.

CIVIL MOTIONS

This form must be filed with Clerk not later than six (6) days preceeding date requested. SCLCR 7(b)(2)(B)

TO: The Clerk of the Court:

CIVIL MOTIONS JUDGE-Department as Assigned.

CIVIL CALENDAR

Date Requested: _____

Tues. thru Fri. at 9:30 a.m. (Confirm at 388-3587)

SEE NOTE ON REVERSE SIDE AS TO WHAT CASES ARE TO BE SET IN PRESIDING OR BEFORE COURT COMMISSIONER

Nature of Hearing: _____

COURT COMMISSIONER DEPTS.— DEPARTMENT NO. A

CIVIL CALENDAR

Date requested: Friday, November 12, 2004

Tues. thru Fri. at 10 a.m.

(Confirm at 388-3587)

Nature of Hearing:

Guardianship- Triennial Report

This form cannot be used for trial settings. SCLMAR 2.1 40(b)
See second page for other confirmations and noting information.

WARNING: The moving party **MUST CONFIRM** by noon two (2) court days prior to the hearing in order for the matter to be argued. Failure to notify the Court of a continuance or strike may result in sanctions and/or terms SCLCR 7(b)(2)(E). This form cannot be used for trial settings. SCLMAR 2.1 40(b)

See reverse side for other confirmation and noting information

FOR MATTERS NOTED BY PARTY PRO SE: See reverse side of this NOTE

FOR MATTERS NOTED BY COUNSEL:

I hereby certify that I will mail or served a copy of this document to the attorney:/parties listed below, postage prepaid on the 1st day of November, 2004.



Noted by:

Matthew R. Hendricks WSB 20824
402 Fifth Ave. South, Edmonds, Wa 98120

Counsel for Petitioner

HENDRICKS - BENNETT, P.L.C

402 FIFTH AVENUE SOUTH
EDMONDS, WA 98020

(425) 775-2751 FAX (425) 670-8138

CALENDAR NOTE - 1

1
2 **LIST NAMES, ADDRESSES & TELEPHONE NUMBER OF ALL PARTIES REQUIRING NOTICE**

3 Wallace J. Murphy
4 c/o Manor Care Health Services
5 3701 188th Street SW
6 Lynnwood, WA 98037

7 *VIA US Mail*

8 **WHERE TO NOTE VARIOUS MATTER:**

9 **CIVIL MOTIONS:** The following are heard on the Court Commissioners Civil Calendar: Defaults,
10 Discovery Motions and enforcement thereof, Supplemental Proceedings; Unlawful Detainer or Eviction
11 Probate, Guardianship & Receiver actions; Motions to amend Pleading. All other civil motions are heard
12 before the Civil Motions Judge.

13 **CONFIRMATION NOTES:** All matters set on the Judges Civil Motion Calendar or Court Commission:r
14 Calendars must be confirmed at 388-3587. Matters set before a specific judge must be confirmed/contin..ed
15 by his/her law clerk. Adoptions, reasonableness hearing and minor settlements are specially set and
16 confirmed through the Civil Motions Judges Law Clerk 388-3421. If you reach voice mail when confirming,
17 you must leave the requested information or the matter will not be confirmed/continued.
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28 **CALENDAR NOTE - 2**

HENDRICKS - BENNETT, P.L.L.C
402 FIFTH AVENUE SOUTH
EDMONDS, WA 98020
(425) 775-2751 FAX (425) 670-8138

1 Are you a citizen of the United States of America? Yes No*

2 Will you be 18 years of age on or before election day? Yes No*

***NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form.**

3 Mr Mrs Miss Ms Last Name First Name Middle Initial Jr Sr II III Male Female

4 Address Where You Live City or Town ZIP Code

5 Address Where You Get Your Mail (If Different Than #4) City or Town State ZIP Code

6 Date of Birth (Month/Day/Year) / / 7 Daytime Phone Number (w/ area code) () E-Mail Address (Optional)

Federal Law requires you to provide your Driver's License number. If you do not have a Washington Driver's License, you must provide the last 4 digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.

Voter Declaration -- Read and Sign Boxes 9 and 11.

***I declare that the facts on this voter registration form are true:**

- I am a citizen of the United States
- I am not presently denied my civil rights as a result of being convicted of a felony
- I will have lived in Washington at this address for thirty days immediately before the next election at which I vote
- I will be at least eighteen years old when I vote.

8 WA Driver's License # Last 4 Digits of Social Security #

ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES NO
CHECK ONE

9 Date Signed _____
month day year

SIGN HERE X

FOLD HERE FIRST

10 Last Name First Name Initial

SIGN HERE X

11



WALLY I MURPHY
3701 188TH ST SW
LYNNWOOD WA 98037

I was previously registered under this name and/or address:

Name _____
Street _____
City _____
County _____
State _____ ZIP _____

Please sign as previously registered:

12 X _____