



201701250060

Skagit County Auditor

\$78.00

1/25/2017 Page

1 of

6 2:02PM

**Filed for Record at request of  
and return to:**

STILES LAW INC., P.S.

P.O. Box 228 / 925 Metcalf Street

Sedro Woolley, WA 98284

Address: 19019 Minnie Road, Burlington, WA 98233

Legal : O/S #24 AF#8402210001

Tax Parcel # 360417-2-001-0000 / P49324

360417-2-001-0100 / P128190

360417-2-001-0109 / P49325

360417-2-001-0200 / P115744

360417-2-001-0300 / P115745

**LACK OF PROBATE REAL ESTATE AFFIDAVIT**

State of Washington )  
 ) ss.  
County of Skagit )

The affiants, TERRENCE SOLBERG & DANA SOLBERG, execute this affidavit relating to the estate of THOMAS SOLBERG, the Decedent, who died on January 3, 2017, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

TERRENCE SOLBERG & DANA SOLBERG, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiants are the rightful heirs to the property described below.

**Relationship of the Affiant to the Decedent**

2. The affiants are (check one):

- ☐ The lawful surviving spouse of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ Surviving child of the Decedent  
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.  
☒ Other (identify:) siblings of decedent

### **Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Terrence Solberg 33345 190th Ave Gilman, WI 54433	legal	brother
Dana Solberg 100 Lower Lake Drive Merrillan, WI 54754	legal	brother

### **Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT A ATTACHED

### **5. Status of the Will (if any)**

- ☒ The decedent left no Will that devises real property.
- ☐ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state in part:

(2)(c) If the intestate not be survived by issue or by either parent, then to those issue of the parent or parents who survive the intestate; if they are all in the same degree of kinship to the intestate, they shall take equally...

DATED: 1-11-17, 2017

Terrence L Solberg  
Terrence Solberg – Affiant

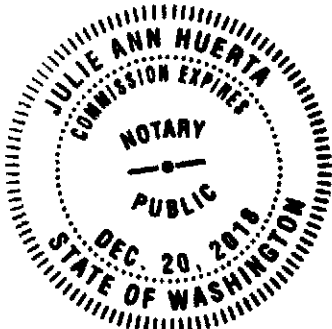
DATED: 1-11-17, 2017

Dana Solberg  
Dana Solberg – Affiant

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me **Terrence Solberg** to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 11<sup>th</sup> day of January, 2017.

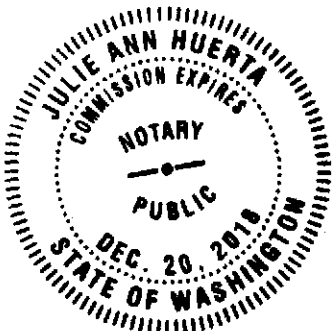


Julie Ann Huerta  
Notary Public in and for the State of Washington,  
residing at Sedro-Woolley  
My appointment expires 12-20-18

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me **Dana Solberg** to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 11<sup>th</sup> day of January, 2017.



Julie Ann Huerta  
Notary Public in and for the State of Washington,  
residing at Sedro-Woolley  
My appointment expires 12-20-18

## EXHIBIT A

The North  $\frac{1}{2}$  of the Northwest  $\frac{1}{4}$  of Section 17, Township 36 North, Range 4 East, W.M., EXCEPT roads and right of way therefor and EXCEPT the following described tracts or those portions lying within the following described tracts:

1. That part of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 18, and that part of the Northwest  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$  of Section 17, all in Township 36 North, Range 4 East, W.M., described as follows:

Beginning at the Southeast corner of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 18; thence North along the East line of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$ , 254 feet; thence West parallel to the South line of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$ , 149.65 feet to the easterly line of the state highway right of way and the True Point of Beginning of this description; thence from said True Point of Beginning run East parallel to the South line of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  and said line produced a distance of 232.65 feet, more or less, to an existing North and South fence line located in the Northwest  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$  of Section 17, thence Southerly along said existing fence line a distance of 243 feet to the intersection with an existing East and West fence line; thence Westerly along the existing East and West fence line a distance of 115 feet, more or less to the Easterly line of said state highway right of way; thence Northwesterly along the Easterly line of said state highway right of way to the True Point of Beginning.

2. That portion of the Northwest  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$ , Section 17, Township 36 North, Range 4 East, W.M., lying between the Westerly line of said Northwest  $\frac{1}{4}$  and a line commencing at a point on the Northerly line of said Section 17, 180 feet East of the Northwest corner thereof and extending Southwesterly to a point on the East-West center line of said Northwest  $\frac{1}{4}$ , which point is 64 feet East of the Westerly line of said Section 17, and lying Southerly of an Easterly-Westerly road extending from State Highway 99 Easterly through said parcel of land, the Southerly margin of which said road (measured along the Westerly line of said Section 17) is 700 feet, more or less, North of said Easterly-Westerly line of said Northwest  $\frac{1}{4}$ , being the same premises contracted to be conveyed to F. E. Briggs, et ux, by instrument dated December 10, 1962, filed January 8, 1963, as Auditor's File No. 630620.

INCLUDING manufactured home 1977 Broadmore 66x14 serial number 1077 and ALSO INCLUDING manufactured home serial number 5434 Nashu 60

3. That portion of the North  $\frac{1}{2}$  of the Northwest  $\frac{1}{4}$ , Section 17, Township 36 North, Range 4 East, W.M., particularly described as follows:

Beginning at the Northwesterly corner of said Section 17; thence South along the Westerly line of said section to a point 700 feet North of the Southerly margin of said North  $\frac{1}{2}$  of said Northwest  $\frac{1}{4}$  and the True Point of Beginning; thence South along said Westerly section line 466 feet; thence Easterly 80 feet, more or less, to the line of a fence; thence Northeasterly along said fence line to a point thereon which is East of said True Point of Beginning; thence Westerly to the True Point of Beginning.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-000756

DATE ISSUED: 01/11/2017

FEE NUMBER: 0000000029

GIVEN NAMES: THOMAS HAROLD  
LAST NAME: SOLBERG

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 03, 2017 FOUND  
HOUR OF DEATH: UNKNOWN  
SEX: MALE  
AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: EAU CLAIRE, WISCONSIN

MARITAL STATUS: NEVER MARRIED  
SPOUSE: NOT APPLICABLE

OCCUPATION: CIVIL ENGINEER  
INDUSTRY: CONSTRUCTION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? NO

INFORMANT: TERRENCE L. SOLBERG  
RELATIONSHIP: BROTHER  
ADDRESS: 33345 - 190TH AVENUE, GILMAN, WI 54433

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 19019 MINNIE RD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 19019 MINNIE ROAD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: HAROLD HARTWICK SOLBERG  
MOTHER/PARENT: OTTILLIA THERESA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: JANUARY 11, 2017

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES  
ADDRESS: 281 S BURLINGTON BLVD  
CITY, STATE, ZIP: BURLINGTON WA 98233  
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:  
A. PRESUMED HYPERTENSIVE CARDIOVASCULAR DISEASE  
INTERVAL: YEARS

B.  
INTERVAL:

C.  
INTERVAL:

D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
HYPERTENSION, TYPE II DIABETES, PERIPHERAL VASCULAR DISEASE, BILATERAL LOWER EXTREMITY EDEMA AND CELLULITIS.

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: DEBORAH HOLLIS  
TITLE: CORONER  
ME/CORONER  
ADDRESS: 116 S. 11TH ST  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: JANUARY 05, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 17SK0003  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: JANUARY 10, 2017

DOH 01-003 (10/15)



# 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  
360-236-4300

## 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: <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:
	4. Father/Parent Full Legal 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: <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:		
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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

#### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### 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. Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

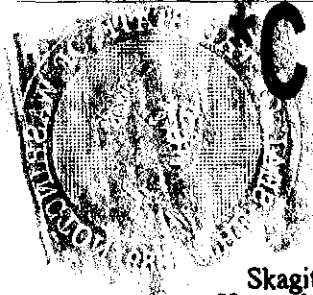
#### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



**\*CERTIFIED\***

JAN 11 2017

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

GG00363074