

Return Address:

Bradley M. Norgard  
1303 5th Street  
Anacortes, WA 98221

Land Title and Escrow  
01-174495-0



202001170108

01/17/2020 03:35 PM Pages: 1 of 6 Fees: \$108.50  
Skagit County Auditor

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Bradley M. Norgard, being first duly sworn  
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Spouse

Relationship to decedent

of MARY LOUISE Norgard  
Decedent/Grantor

, who died on 12/15/14  
Date

at ANACORTES  
City

SKAGIT  
County

WASH  
State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lots 1 and 2, Blk 102, Anacortes.

Assessor's Property Tax Parcel/Account Number: P55653  
(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)

(Page 1 of 2)

BOM/LYN MOEN NORGAARD Age 63

Spouse  
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

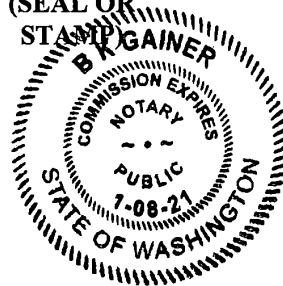
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12/20/19Affiant's full name Bradley Moev NorgardTelephone number 360-588-1449City Anacortes State WA Zip Code 98221Signature [Signature] Date 12/20/19State of Washington County of SnohomishI know or have satisfactory evidence that Bradley M. Norgard  
(name of person)is the person who appeared before me, and said person acknowledged that (he) signed this affidavit and acknowledged it to be (his) free and voluntary act for the uses and purposes mentioned in this affidavit.Dated: 12/20/2019  
AKGSignature of Notary Public [Signature](SEAL OR  
STAMP)Residing at: AnacortesNotary Public in and for the State of WashingtonMy appointment expires: Jan 08, 2021

**EXHIBIT A**

Lots 1 and 2, Block 102, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

**END OF EXHIBIT A**

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-029235

DATE ISSUED: 12/19/2014

FEE NUMBER: 0000000029

GIVEN NAMES: MARY LOUISE  
LAST NAME: NORGARD

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 15, 2014  
HOUR OF DEATH: 04:10 A.M.  
SEX: FEMALE  
AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SAN DIEGO, CALIFORNIA

MARITAL STATUS: MARRIED  
SPOUSE: BRADLEY MOEN NORGARD

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: BRADLEY NORGARD  
RELATIONSHIP: HUSBAND  
ADDRESS: 1303 - 5TH STREET, ANACORTES, WA 98221

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1303 - 5TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1303 - 5TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: A C DUNCAN  
MOTHER: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: DECEMBER 21, 2014

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

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

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
OBESITY, DIABETES

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

ME/CORONER: DANIEL F. DEMPSEY, RN  
TITLE: CORONER

ME/CORONER

ADDRESS: 116 S. 11TH ST

CITY, STATE, ZIP: MOUNT VERNON WA 98274

DATE SIGNED: DECEMBER 17, 2014

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: 214-14  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: DECEMBER 18, 2014





# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

State of Washington Department of Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300  
www.doh.wa.gov

## 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: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: City or County
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4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: (Printed Name)	16. Date:	17. Address:
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All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

### Birth Certificates

- Only a parent, 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 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.
- Child under 18**
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
  - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, 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.
  - Proof must be five (or more) years old or have been established within five years of birth.

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

### Death Certificates

- 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). Marital status requires a certified copy of a 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 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 422-034 June 2014

**\*CERTIFIED\***

DEC 19 2014

Howard I. Lebrand M.D. Health Officer

BB00054772