Bradly M. Norgard 13035th 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 Skapit County Auditor

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Bradley M Norgerel, being first	t duly sworn
deposes and states as follows: That they are a rightful heir as listed on heirs at law	v, to the real
property described below, and is 5 Pous e Relationship to decedent	
of MARY LOUIS & Norger rol , who died on _ atANACORTS SKACIT City County	12/15/14 Date
at ANACORY SKACIT County	WASH State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT: Abbreviated Legal Description:	
Lots 1 and 2, BIK 102, Anacortes.	
2013 I and 2, WK 102, Anacorres.	
	,
Assessor's Property Tax Parcel/Account Number: P55653 (Attach full legal description of the property)	٠,
Decedent left no Last Will and Testament.	
lacksquare Decedent left a Last Will and Testament which HAS NOT been Probated or R	evoked.
"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 <u>Z</u>)
REV 84 0017 (1/3/17)	£.

BOWLLY MOEN NORGARD AG	e 63
Slouse	
Full name, age, relationship, address	
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Dated: 12 20 19		<u> </u>
Affiant's full name	Norgard	
Affiant's full name		
360 - 588 - 1449		
Telephone number		
1303 5th ST.		·
ANACOVIES (Street WA	98221 Zip Code
City	State	Zip Code
porul	i	2/20/19
Signature		Date
State of Washington	County of	Skoch
State of Washington I know or have satisfactory evidence that	2 11 - 110	
I know or have satisfactory evidence that	Dradley VI.	WOCIOWOV e of person)
is the person who appeared before me, an	d said person acknowledg	ed that (he she) signed this
affidavit and acknowledged it to be (his/h	er) free and voluntary act	for the uses and purposes
mentioned in this arridavit.		
Dated: 12/20/7	BhGane Signatur	
(SEAL ORMANIA)	Signatur	e of Notary Public
STAND GAINED	1	
SHOW EXPLANATION OF THE PARTY O	Residing at: Anaco	
OF WASHING	Notary Public in and fo	or the State of Washing Lin
SUBLIC MAN SILL	My appointment expires	Jan 108, 2021
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.4119994.		

REV 84 0017 (1/3/17)

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

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:

HISPANIC ORIGIN: NO, NOT HISPANIC RACE: WHITE

BIRTHDATE: SAN DIEGO, CALIFORNIA

MARÎTAL 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

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

INTERVAL INTERVAL

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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY : NOT APPLICABLE

ITEM(S) AMENDED: NONE Númber(s): NONE Date(s): NONE

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? VES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHËR: Å C DUNCAN

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY · DISPOSITION DATE : DECEMBER 21,2014 ...

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

MANNER OF DEATH: NATURAL AUTŐPSY: 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. 11H ST 2274 DATE SIGNED: DECEMBER 17,2014

> CASE REFERRED TO ME/CORONER: NO ATTENDING PHYSICIAN: FILE NUMBER: 214-1 NOT APPLICABLE

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

STATE

202001170108

Affidavit for Correction

01/17/2020 03:35 RMI B agents of Sealth Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

Washington State Department of	Aine
Washington State Department of Health	This is a legal docu

ument. Complete in ink and do not alter.

Use the section below for requesting any changes on the record Record Type: Birth	STATE OFFICE USE ONLY						
Record Type: Birth Death Sirth Same on record: Name on record: Middle Last S. Mother/Parent Full Birth Name S. Mother/Parent Full Full Parent	State File Number	Fee Number			Date	Affidavit Number	
1. Name on record: First Middligh Last 4. Father/Parent Full Birth Name (Spouse & for Maniage or Dissolution) The record is incorrect or incomplete as follows: The record now shows: The record is incorrect or incomplete as follows: The record now shows: The record is incorrect or incomplete as follows: The record now shows: The record is incorrect or incomplete as follows: The true fact is: 8. 9. 10. 11. 12. 13. 14. I represent the person as: Self Parent Guardian Informant Telephone Number: Gleclare 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: 17. Address: 18. Wital 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 of acceptable of the child can be changed once, to the maniage of the child serve the child. Security Administration Security Administration Security Administration Security Administration Security Administration Security Administration (or and back) thospital/Medical Record Display and proof the child can be changed once, to the mother/parent full birth name, father/parent full birth name (first name change) is required. 1. Only a parent, legal guardian (if the child is under 18) or the named individual (if 18 or older) may change the birth certificate. 1. Display of the child serve the child can be changed once, to the mother/parent full birth name (first name change) is required. 1. Display of the child serve the child can be changed once, to the mother/parent full birth name (first name change) is required. 1. Display of the child serve the child can be changed once, to the mother/parent full birth name (first name change) is required. 1. Display of the child serve the child can be changed once, to the member of the child can be changed once, to the member of th	Use the section below for requesting any changes on the record						
First	Record Type: Bir	th \square	Death				
The record is incorrect or incomplete as follows: The record now shows: 7. 8. 9. 10. 11. 12. 14. I represent the person as: Self Parent Guardian Informant Telephone Number: Other (specify) 14. I represent the person as: Self Parent Guardian Informant Telephone Number: Other (specify) 14. I represent the person as: Self Parent Guardian Informant Telephone Number: Other (specify) 15. Signature: (Printed Name) 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. Fill Mumident Report (Seal Security Administration) 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. Fill Mumident Report (Seal Security Administration) 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. Fill Mumident Report (Seal Security Administration) All vital records are registered as received. Most changes must be established within five press of the fill standard proof in the current fill promition from the cardificate. 10. The proofig must match exactly the asserted true fact(s). For example, if the affidavit says the name is May Ann Doe, then the proof must show the name is be May Ann Doe. Mary A. Doe of the A. Doe does not prove the name is a seen, three pieces of documentary proof are required. 10. The proofig must match exactly the asserted true fact(s). For example, if the affidavit says the name is absent, three pieces of documentary proof is required. 10. The proofig must match exactly the accordance of the child	First		l.ast	2. Date	of Event:		
The record now shows: 6. 7. 7. 8. 9. 9. 10. 11. 12. 13. 13. 14. I represent the person as: Self Parent Guardian Guardia		or Dissolution)		(Spouse B for N	larriage or Dissolution	1)	
8. 9. 10. 11. 12. 13. 13. 14. I represent the person as: Self Parent Guardian Informant Telephone Number: 14. I represent the person as: Self Parent Guardian Informant Telephone Number: 14. I represent the person as: Self Parent Guardian Informant Telephone Number: 15. Signature: 16. Date: 17. Address: 17. Address: 18. Addres	Th		ecord is incorrect or in	complete as f		oct is:	
10. 11. 13. 13. 14. 17 represent the person as: Self Parent Guardian Other (speeity) 14. 17 represent the person as: Funeral Director Other (speeity) 16. Date: 17. Address: 17. Address: 17. Address: 18. 18. 19.	6.		7.				
14. I represent the person as: Self Parent Guardian Informant Telephone Number: Tuneral Director Other (specify) 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: 17. Address: 17. Address: 17. Address: 17. Address: 18. Addre	8.		9.				
14. represent the person as: Self Parent Guardian Informant Telephone Number:	10.						
Geclare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 15. Signature:	12.		13.		a a salamana sa		
15. Signature: (Printed Name) 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. Birth Record Examples of acceptable Octificate of Naturalization Military Record (DD-214) Passport Iffe insurance Policy Birth Certificates 1. Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. 1. Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. 1. Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. 2. Child under 18 3. Child under 18 4. Child under 18 5. Child under 18 6. Child under 18		☐ Funeral Dire	ctor 🗌 Other	(Specify)		•	
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. Birth Record Certificate of Naturalization Marriage/Divorce Record Military Record (DD-214) Passport Birth Certificates 1. Only a parent, 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 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 of M. A. Doe does not prove the name is Mary Ann Doe. Mary Ann Doe, then the proof must show the 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. Parent(s) may change the child's first or middle name by completing this affidavit of correct parent's information, no documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. 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 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 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 parent is information to a documentary proof is required to make changes if requested by a family member not listed as the informant on the certificate		of perjury under the law	vs of the State of Was	hington that th	ne forgoing is true	and correct.	
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We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof. Birth Record Full Numident Report (Social Security Administration) Birth Record Full Numident Report (Social Security Administration) Certificate of Naturalization MarriagerDivorce Record Alien Registration (front and back) Military Record (DD-214) Passport Birth Certificates 1. Only a parent, 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 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. 3. Child under 18 4. Guardian must submit certified court order giving them authority to act on behalf of child(ren). 4. 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. 4. Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. 5. To correct parent's information, one documentary proof is required. 6. To correct the sex of the child, submit one proof from a medical provider. 7. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032) Death Certificates 7. The 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 in clusted domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if s	(Printed Name)						
 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. Aday 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. 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. 	documentary proof: Military Record (DD-214) Life Insurance Policy Hospital/Medical Record						
Marriage/Dissolution (Divorce) Certificates	Only a parent, legal guar The proof(s) must match to be Mary Ann Doe. Ma Child under 18 Guardian must submit cobehalf of child(ren). Up to age one, the last nother/parent full birth nother/parent/s information. Nother full saffidavit cannot be the full saffidavit cannot be ca	a exactly the asserted true factory A. Doe or M. A. Doe does entified court order giving then name of the child can be chantame, father/parent full birth nation of the two. After age of the child's first or middle name to proof is needed. In a parent proof is needed, and or have been established to child, submit one proof from the used to add a father to a function of the changes if required to make changes if required to make changes if required, parent, sibling or adult of	t(s). For example, if the aff not prove the name is Mar nauthority to act on ged once, to the ame (if present on the le a court ordered legal by completing this of is required. Proof must within five years of birth, a medical provider. Sirth certificate. (Use the parameters of the	idavit says the nay Ann Doe. Adult (18 year) Only the adult If the first or mare required. If the first, mide incorrect, two proof is required. Proof must be years of birth. Confirming such proof listed as the incorrect as the proof is such proof incorrect.	themselves can changiddle name is absent, die and/or last name is objectes of documentary ont's birth date, place ad. five (or more) years of the died	then the proof must show the name ge the birth certificate. three pieces of documentary proof s misspelled, or date of birth is y proof are required. of birth, or name, one documentary ld or have been established within five 422-032) may change the non-medical cate (family members are spouse or	
	Marriage/Dissolution (Divor	rce) Certificates spelling changes in name, dat	e or place of birth or reside	nce) may be char	nged by affidavit (with	proof) by the person.	

DEC 192014

Skagit County Health Department Howard Labrand M.D. Health Officer

BB00054772

DOH 422-034 June 2014