



202006020022

06/02/2020 09:11 AM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 1. 7426 Healy Road, Sedro Woolley, WA 98284
2. 45132 SIKHS Trail, Skagit County
Tax Parcel # 1. P40887 / 350609-0-001-0003
2. P80040 / 4357-003-010-0003

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, RAY BRYSON, executes this affidavit relating to the estate of TERRI L. HIGGINS-BRYSON, a.k.a. TERRI L. HIGGINS, the Decedent, who died on April 21, 2020, 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.

RAY BRYSON, being first duly sworn, depose and say:

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

Relationship of the Affiant to the Decedent

2. The affiant is (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:) _____

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>
Ray Bryson 7426 Healy Rd Sedro Woolley, WA 98284	legal	spouse

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:

P40887 / 350609-0-001-0003

PART OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 9, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE EAST LINE OF SAID SOUTHEAST QUARTER OF THE NORTHEAST QUARTER, 10 RODS NORTH OF THE SOUTHEAST CORNER THEREOF; THENCE NORTH ALONG SAID EAST LINE 20 RODS; THENCE WEST 8 RODS; THENCE SOUTH 20 RODS; THENCE EAST 8 RODS TO THE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

P80040 / 4357-003-010-0003

Lot C-10, "LAKE TYEE DIVISION NO. III," as per plat recorded in Volume 11 of Plats, pages 68 through 74, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

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 that:

(1) Share of surviving spouse or state registered domestic partner.

The surviving spouse or state registered domestic partner shall receive the following share:

(a) All of the decedent's share of the net community estate.

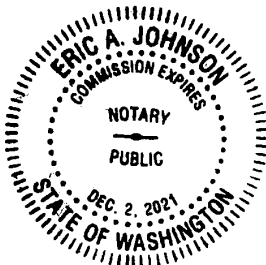
DATED: May 8, 2020

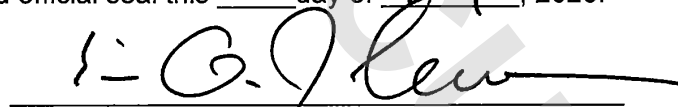

Ray Bryson - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Ray Bryson** to me known to be the individual(s) 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 8th day of May, 2020.




Notary Public in and for the State of Washington,
residing at Sedro-Woolley
My appointment expires 12/2/21



Right to Manage Natural Resource Lands Disclosure

Skagit County's policy is to enhance and encourage Natural Resource Land management by providing County residents notification of the County's recognition and support of the right to manage Natural Resource Lands, e.g., farm and forest lands.

Skagit County Code 14.38.030(2) requires, in specified circumstances, recording of the following disclosure in conjunction with the deed conveying the real property:

This disclosure applies to parcels designated or within 1 mile of designated agricultural land or designated or within 1/4 mile of rural resource, forest or mineral resource lands of long-term commercial significance in Skagit County.

A variety of Natural Resource Land commercial activities occur or may occur in the area that may not be compatible with non-resource uses and may be inconvenient or cause discomfort to area residents. This may arise from the use of chemicals; or from spraying, pruning, harvesting or mineral extraction with associated activities, which occasionally generates traffic, dust, smoke, noise, and odor. Skagit County has established natural resource management operations as a priority use on designated Natural Resource Lands, and area residents should be prepared to accept such incompatibilities, inconveniences or discomfort from normal, necessary Natural Resource Land operations when performed in compliance with Best Management Practices and local, State, and Federal law.

In the case of mineral lands, application might be made for mining-related activities including extraction, washing, crushing, stockpiling, blasting, transporting and recycling of minerals. If you are adjacent to designated NR Lands, you will have setback requirements from designated NR Lands.

Washington State Law at RCW 7.48.305 also establishes that:

...agricultural activities conducted on farmland and forest practices, if consistent with good agricultural and forest practices and established prior to surrounding nonagricultural and nonforestry activities, are presumed to be reasonable and shall not be found to constitute a nuisance unless the activity or practice has a substantial adverse effect on public health and safety. ...An agricultural activity that is in conformity with such laws and rules shall not be restricted as to the hours of the day or day or days of the week during which it may be conducted.

EXHIBIT A

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-018680

DATE ISSUED: 04/24/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TERRI LYNN
LAST NAME(S): HIGGINS-BRYSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 21, 2020
HOUR OF DEATH: 08:05 PM
SEX: FEMALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RAY BRYSON

OCCUPATION: SOCIAL WORKER
INDUSTRY: STATE OF WASHINGTON
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: RAY BRYSON
RELATIONSHIP: HUSBAND
ADDRESS: 7426 HEALY RD, SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:
A: FAILURE TO THRIVE AND MALNUTRITION
INTERVAL: MONTHS
B: CHRONIC MULTIFACTORIAL ENCEPHALOPATHY, INCLUDING WERNICKE'S ENCEPHALOPATHY
INTERVAL: YEARS
C: ALCOHOLISM
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBROVASCULAR
ACCIDENT (NOT ACUTE) WITH LIKELY VASCULAR DEMENTIA,
CHRONIC/RECURRENT HIP DISLOCATION AS A COMPLICATION OF FEMUR
FRACTURE AND MULTIPLE SURGICAL REPAIRS

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: HOME
FACILITY OR ADDRESS: 7426 HEALY RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 7426 HEALY RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: JOHN HIGGINS
MOTHER: BETTY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 24, 2020

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: APRIL 22, 2020

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: APRIL 23, 2020



Affidavit for Correction

06/02/2020 09:11 AM Page 1 of 8
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last
	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:
 P.O. 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 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 2nd parent (if required):
 Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to 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

- 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
- 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 using this form, 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

- 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 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
- 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 January 2015



CERTIFIED

APR 24 2020

Howard Lebrand

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



0 3 8 0 3 9 3 5

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