

Return Address:

Patricia Beddome  
1427 Walter St.  
Mt. Vernon WA 98273

LAND TITLE AND ESCROW  
01-177904-oe

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Marissa Guerrero  
Affidavit No. 2020-2278  
Date 06/24/2020

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Patricia Beddome, 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 Daughter  
Relationship to decedent

of Addison P. Austin Jr., who died on 4/25/2017  
Decedent/Grantor Date

at Sedro Woolley Skagit Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

See attached

**Ptn NE 1/4 SW 1/4, 21-34-4 E W.M.**

Assessor's Property Tax Parcel/Account Number: P 21023  
(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 4)

Full name, age, relationship, address

Audrey M. Austin, 93, Wife  
428 S 29th Pl., Mount Vernon, WA 98274

Full name, age, relationship, address

David Austin, 72, Son, 790 Greaser  
Crescent Drive, Camano Island  
WA 98282

Full name, age, relationship, address

Patricia L. Beddome, 64 Daughter

Full name, age, relationship, address

1427 Walter Street, Mount Vernon, WA 98273

Full name, age, relationship, address

204

Dated: June 1, 2020

Patricia Lynn Beddome  
Affiant's full name

360-223-4975  
Telephone number

1427 Walter Street

Mount Vernon, WA <sup>Street</sup>  
City State Zip Code

Patricia L. Beddome 6/1/2020  
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Patricia L. Beddome  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/~~she~~) signed this affidavit and acknowledged it to be (his/~~her~~) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 06/01/2020

Naomi R. Stanfill  
Signature of Notary Public

(SEAL OR  
STAMP)

Residing at: Sedro Woolley, WA

Notary Public in and for the State of Washington

My appointment expires: 06/2022



Escrow No.: 01-177904-OE

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

That portion of the East  $\frac{1}{2}$  of the East  $\frac{1}{2}$  of the Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of Section 21, Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point on the East line of said subdivision, 1,190 feet South of the North line thereof;  
thence South along said East line 75 feet, more or less, to a point 1,265 feet South of the North line of said Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$ ;  
thence West 135 feet;  
thence North parallel to said East line 75 feet;  
thence East parallel to the North line of said Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  to the point of beginning. (Also known as Lot 15 of the Unrecorded Plat of Cedar Crest Addition to Mount Vernon),

EXCEPT the East 30 feet conveyed to the City of Mount Vernon for street purposes.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-019135

DATE ISSUED: 04/28/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ADDISON PEEL

LAST NAME(S): AUSTIN JR

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 25, 2017

HOUR OF DEATH: 12:50 AM

SEX: MALE

AGE: 95 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: DELTA, MILLARD COUNTY, UTAH

MARITAL STATUS: MARRIED

SPOUSE: AUDREY MAE NORTHRUP

OCCUPATION: LANDSCAPER

INDUSTRY: LANDSCAPING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: AUDREY MAE AUSTIN

RELATIONSHIP: SPOUSE

ADDRESS: 428 SOUTH 29TH PLACE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: ALZHEIMER'S DEMENTIA

INTERVAL: 10 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 428 SOUTH 29TH PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER/PARENT: ADDISON PEEL AUSTIN SR  
MOTHER/PARENT: VIEVA

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HERITAGE CREMATORY

CITY, STATE: MARYSVILLE, WASHINGTON  
DISPOSITION DATE: APRIL 27, 2017

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3710 168TH ST NE SUITE #B209  
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223  
FUNERAL DIRECTOR: JUDY A. JEWELL

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: SARAH EVANS, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

DATE SIGNED: APRIL 25, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: APRIL 26, 2017

# Affidavit for Correction

06/24/2020 02:25 PM Page 6 of 6



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

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**

Record Type:  Birth  Death  Marriage  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:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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: \_\_\_\_\_ Date: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_ 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

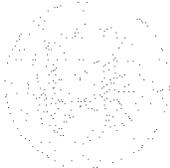
# \*CERTIFIED\*

APR 28 2017

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



0 1 4 3 9 4 9 7



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