

Return Address:Guardian Northwest Title & EscrowP.O. Box 1667Mount Vernon WA 98273**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Rita L. Swanberg, being first duly sworn
Name of Affiant

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

Property described below, as is Wife*Relationship to decedent*of Alan K. Swanberg*Decedent/Grantor*who died on June 02, 2019*Date*at Mount Vernon*City*Skagit*County*WA*State***REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)**

Abbreviated Legal Descriptions: _____

Tract B, ASSESSOR'S PLAT OF HAROLD SWANBERG'S TRACTSas per plat recorded in Volume 9 of Plats, page 27records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P69961/4029-000-002-0007

(Attach full legal description(s) of the property)

☐ Decedent left no Last Will and Testament and no Community Property Agreement; or☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or☒ Decedent left a Community Property agreement recorded in Skagit County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or☐ Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Krista Renae Klett -daughter			
Full name, age and relationship			
12143 Eagle Dr	Burlington	WA	98233
Address	City	State	Zip

Full name, age and relationship			
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Address	City	State	Zip
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Full name, age and relationship			
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Address	City	State	Zip
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Full name, age and relationship			
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Address	City	State	Zip
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Full name, age and relationship			
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Address	City	State	Zip
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Full name, age and relationship			
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Address	City	State	Zip
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Full name, age and relationship			
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Address	City	State	Zip
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Full name, age and relationship			
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Address	City	State	Zip
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Full name, age and relationship			
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Address	City	State	Zip
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Full name, age and relationship			
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Address	City	State	Zip
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(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 1,000,000. of which approximately \$ 165,000. was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (X) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 8-6-2020

Rita Leone Sunberg 360-419-9828
Affiant's full name Telephone number
1201-So. 10th St. Mt. Vernon, WA 98274
Street City State Zip Code

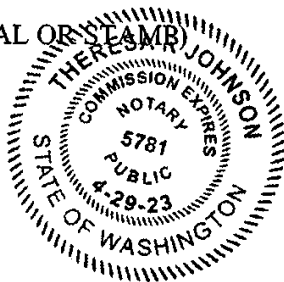
State of WA County of Snohomish

I know or have satisfactory evidence that Rita Leone Sunberg
(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: Aug 6th, 2020 Theresa R. Johnson
Signature of Notary Public

(SEAL OR STAMP)



Residing at Cumano Island

Notary Public in and for the State of WA

My appointment expires: April 29, 2023.

(Based on REV 84 0017 (1/3/17)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-024785

DATE ISSUED: 07/31/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ALAN K
LAST NAME(S): SWANBERGCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 02, 2019
HOUR OF DEATH: 07:03 PM
SEX: MALE
SOCIAL SECURITY NUMBER: [REDACTED] E: 89 YEARSHISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: BURLINGTON, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: RITA MAHNOCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: RITA SWANBERG
RELATIONSHIP: WIFE
ADDRESS: 1201 S 10TH ST MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: SUBDURAL AND SUBARACHNOID HEMORRHAGE
INTERVAL: 6 WEEKS
B: MULTIPLE FALLS
INTERVAL: 6 WEEKS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, RECURRENT
FALLS LIKELY CAUSED BY VERTEBRAL ARTERY STENOSIS, RECENT URINARY
TRACT INFECTION CAUSING AGITATION AND FURTHER FALLS.DATE OF INJURY: APRIL 20, 2019
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 1201 S. 10TH ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
COUNTY: SKAGITDESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL
LIKELY SYNCOPAL IN NATURE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1201 S 10TH ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 1201 S 10TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARSFATHER: HAROLD SWANBERG
MOTHER: ESTHER [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 04, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: ACCIDENT
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 RESPONSECERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JUNE 04, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 19SK0195
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 04, 2019



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
Required information must match current information on record				
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:
First Middle Last		MM/DD/YYYY		(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First Middle Last/Maiden		First Middle Last/Maiden		
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		
7. Return Mailing Address:		Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
PO 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 foregoing is true and correct

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

JUL 31 2020

H. H. H. H.
Skagit County Health Department
Howard I. H. H. M.D. Health Officer



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