



202101130124

01/13/2021 03:14 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:
21032 Little Mountain Road
Mount Vernon, WA 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021147
JAN 13 2021

Amount Paid \$ 0
Skagit Co. Treasurer
By BJ Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Beverly Helton, 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 wife

Relationship to decedent

of Robert A. Helton

Decedent/Grantor

, who died on 10/31/19

Date

at Mount Vernon

City

Skagit

County

WA

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

21032 Little Mountain Road, Mount Vernon, WA 98274.

(6.4900 ac) The West 900 feet of that portion of the NW1/4 NW1/4 of Sec 34,
TWP 34, RNG4, Lying southerly of the Little Mountain-Big Lake County Road;
Except that portion conveyed to Skagit Co.

Assessor's Property Tax Parcel/Account Number: 29713-340434-2-003-0009
(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 3)



N/A

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 : 12-30-2020

Beverly B. Helton

Affiant's full name

360-202-5824

Telephone number

21032 Little Mountain Road

City	State	Zip Code
Mount Vernon	WA	98274

Beverly B. Helton
Signature

12-30-2020
Date

State of Washington County of Skagit

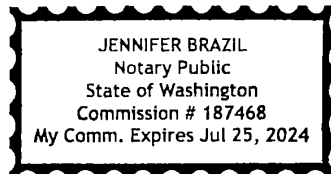
I know or have satisfactory evidence that Beverly B. Helton
(name of person)

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: 12/30/2020

Jennifer Brazil
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Skagit CountyNotary Public in and for the State of WAMy appointment expires: 7/25/2020

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-048275

DATE ISSUED: 11/05/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT ANDREW

LAST NAME(S): HELTON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 31, 2019

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BREMERTON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BEVERLY BARRON

OCCUPATION: OCEAN ENGINEER

INDUSTRY: UNITED STATES GOVERNMENT

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: BEVERLY B HELTON

RELATIONSHIP: WIFE

ADDRESS: 21032 LITTLE MOUNTAIN ROAD, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: CARDIAC ARREST DUE TO ISCHEMIC CARDIOMYOPATHY

INTERVAL: 6 MONTHS

B: CORONARY HEART DISEASE

INTERVAL: 6 MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 21032 LITTLE MOUNTAIN ROAD

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 21032 LITTLE MOUNTAIN ROAD

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: FLOYD EMIL HELTON

MOTHER: JULIA MARGARET [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: NOVEMBER 06, 2019

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DANIEL G LA PLAUNT

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JONATHAN C. GAMSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2116 EAST SECTION STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: NOVEMBER 01, 2019

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: NOVEMBER 05, 2019



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
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Required	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	DATE
	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
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:				
PO Box or Street Address				
City				
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 2 nd 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

<p><u>Child under 18</u></p> <ul style="list-style-type: none"> 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 	<p><u>Adult (18 years or older)</u></p> <ul style="list-style-type: none"> 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
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*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



NOV 05 2019

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



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