



202103300125

03/30/2021 02:12 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:

Wendy Poulton

12309 Dolce Vita Dr

Fort Worth, TX 76126

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-1332
MAR 30 2021

Amount Paid \$0
Skagit Co. Treasurer
By Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wendy S. Poulton, 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 the daughter

Relationship to decedent

of Ann Wilder, who died on 1/15/2021

Decedent/Grantor

Date

at Anacortes Skagit Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 104 of REVISED MAP SURVEY OF SHELBER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservations, as recorded March 17, 1970, in Volume 43 of Official Records, Pages 833 through 838, records of Skagit County, Washington.

Situated in Skagit County, Washington.

The Real Property or its address commonly known as 104 Chinook Place, La Conner, Washington, 98257.

Assessor's Property Tax Parcel/Account Number: P128979

(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)

Wendy S. Poulton, 53, daughter

12309 Dolce Vita Dr, Fort Worth, TX 76126

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 : 3/24/2021Wendy Sue Poulton

Affiant's full name

360-840-3059

Telephone number

12309 Dolce Vita Drive

<u>Fort Worth</u>	<u>TX</u>	<u>76126</u>
City	State	Zip Code

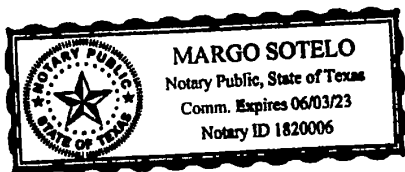
Wendy Poulton
Signature3/24/2021

Date

State of Texas County of TarrantI know or have satisfactory evidence that Wendy S. Poulton

(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: 03 24 2021Margo Sotelo
Signature of Notary Public(SEAL OR
STAMP)Residing at: Fort Worth TXNotary Public in and for the State of TexasMy appointment expires: 06 / 2023

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-002064

DATE ISSUED: 01/21/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANN

LAST NAME(S): WILDER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 15, 2021

HOUR OF DEATH: 12:15 AM

SEX: FEMALE AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ST LOUIS, MO

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: WENDY POULTON

RELATIONSHIP: DAUGHTER

ADDRESS: 12309 DOLCE VITA DR., FORT WORTH, TX 76126

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: 1 WEEK

B: PULMONARY EMBOLI

INTERVAL: 2 WEEKS

C: BACTEREMIA

INTERVAL: 3 WEEKS

D: SEPTIC ARTHROPLASTY

INTERVAL: 3 WEEKS

OTHER CONDITIONS CONTRIBUTING TO DEATH: STAPHYLOCOCCUS AUREUS,
ACUTE DIASTOLIC HEART FAILURE

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: SOUNDVIEW REHABILITATION AND HEALTH

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 104 CHINOOK PL

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: PAUL BURGOLDT

MOTHER: NORMA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JANUARY 19, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

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

FUNERAL DIRECTOR: DAVID LUKOV

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: PAULA SCHAEFER, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #600

CITY, STATE, ZIP: TACOMA, WASHINGTON 98402

DATE SIGNED: JANUARY 18, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: PAULA SCHAEFER

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: JANUARY 19, 2021

Affidavit for Correction

202103300125

03/30/2021 02:12 PM
Skagit County Health Department
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 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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 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 currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature:		14b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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

CERTIFIED

JAN 21 2021

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



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