



202105060119

05/06/2021 02:52 PM Pages: 1 of 5 Fees: \$107.50  
Skagit County AuditorAfter recording, return to:  
Kathleen S. Torson  
6242 N Kerby Ave  
Portland, OR 97217SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

MAY 06 2021

Amount Paid \$  
By MM Skagit Co. Treasurer DeputyGrantor (Name of Decedent): Robert L TorsonGrantee (Heirs): Kathleen S Torson

Abbreviated Legal Description: LT 355, Revised Map of Shelter Bay Div. 2

Tax Parcel No.(s): P129174 / 5100-002-355-0000 / S340235123

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WashingtonCOUNTY OF SkagitThe undersigned, Robert Schlichting, executes this affidavit relating to the estate of Robert L. Torson (herein "Decedent"), who died on July 14, 2019 in the County of Skagit, State of Washington, then being a resident of the City of La Conner, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- ☐ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ Surviving child of the Decedent
- ☐ One (1) 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 \_\_\_\_\_, in [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.

- ☒ other (identify): Durable General Power of Atty for surviving spouse Kathleen S. Torson

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Kathleen S. Torson - Spouse  
 Name and relationship: Bradley A. Torson - Son  
 Name and relationship: Curt A. Torson - Son  
 Name and relationship: Aubrielle Torson - Grand-daughter

**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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Robert Schlichting  
 Signature

Robert Schlichting  
 Print Name

State of ~~Washington~~ Oregon  
 County of Multnomah

Signed and sworn to (or affirmed) before me on April 21, 2021 by Robert Schlichting  
 (name of person making statement).

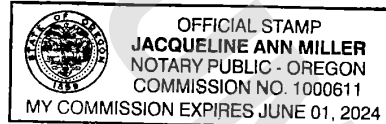
Jacqueline A. Miller  
 Name: Jacqueline A. Miller

Notary Public in and for the State of Washington, Oregon

Residing at: Portland

My appointment expires:

6/01/2024



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P129174 / 5100-002-355-0000 / S340235123**

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Lot No. 355, Revised Map of Shelter Bay Div. 2, Tribal and Allotted Lands of Swinomish Indian Reservations, as recorded March 17, 1970, in Volume 43 of Plats, pages 833 through 838, under Auditor's File No. 737013, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-031728

DATE ISSUED: 07/18/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT LINDEN  
LAST NAME(S): TORSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 14, 2019  
HOUR OF DEATH: 11:00 AM  
SEX: MALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: CORVALLIS, OR

MARITAL STATUS: MARRIED  
SPOUSE: KATHLEEN SCHLICHTING

OCCUPATION: REGISTERED NURSE  
INDUSTRY: MEDICAL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

INFORMANT: KATHLEEN S TORSON  
RELATIONSHIP: WIFE  
ADDRESS: 355 STILLAGUAMISH PLACE, LA CONNER, WA 98257

CAUSE OF DEATH:  
A: SMALL CELL CANCER OF THE BLADDER  
INTERVAL: 18 MONTHS

B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROSTATE CANCER, MANTLE CELL LYMPHOMA

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: LIFE CARE CENTER OF MOUNT VERNON  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 355 STILLAGUAMISH PLACE  
CITY, STATE, ZIP: LA CONNER, WA 98257  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: SWINOMISH RESERVATION  
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: JAMES MURIEL TORSON  
MOTHER/PARENT: VELVA MAE [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JULY 18, 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: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: JULY 17, 2019

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JULY 18, 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
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### Required information must match current information on record

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	3. Place of Event: City/County
	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:

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 forgoing is true and correct**

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

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). 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 January 2015

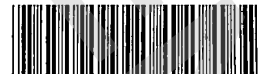


Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

**\*CERTIFIED\***

JUL 1 8 2019

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



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