



202112170088

12/17/2021 01:43 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Nancy S. Van Ausdle
914 Burlingame rd.
Mt. Vernon WA 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021.5785
DEC 17 2021

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Nancy Van Ausdle, 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 wife / spouse
Relationship to decedent
of Gary Van Ausdle, who died on Dec 03/2021
Decedent/Grantor Date
at Mount Vernon, Skagit County Washington State
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 2, Skagit county short plat No. 3-79 Approved March 23, 1979 and
recorded March 29, 1979 in Volume 3 of short plats, Page 88, under Auditor's
file No. 7903290001, Records Of Skagit County, Washington, being a portion
of the Southeast 1/4 of Section 22, Township 34 North, Range 4 East,
West Meridian, situated in the County of Skagit, State of
Washington.

Assessor's Property Tax Parcel/Account Number: P27577
(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 _____)

Nancy Sheryle Van Ausdle 73 wife
of deceased Gary 914 Burlingame Rd.
Full name, age, relationship, address Mount Vernon, WA 98274

Alina Joanne Hitsman, 40, daughter of deceased Gary
914 Burlingame Rd, Mt. Vernon, WA 98274
Full name, age, relationship, address

Lewie Arden Van Ausdle, 38, son of Nancy,
2750 12th St. Apt #4D, Brooklyn NY 11235
Full name, age, relationship, address

Teresa Leanne Yazell, 35, daughter of Nancy
6738 Mulberry St. Goshen, OH 45122
Full name, age, relationship, address

Tyler Grant Van Ausdle, 36, son of Nancy,
914 Burlingame Rd, Mount Vernon, WA 98273 (Mailing Address)
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

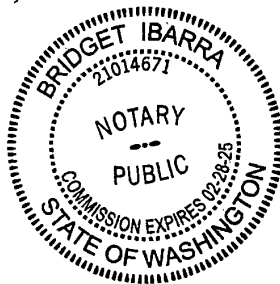
Full name, age, relationship, address

Dated : 16/12/2021Nancy Sheryle VanAusdte
Affiant's full name(360) 982 2301

Telephone number

914 Burlingame roadMount Vernon WASHINGTON 98274
City State Zip CodeNancy VanAusdte 12-17-21
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Nancy Sheryle VanAusdte
(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: 12/17/2021[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mount VernonNotary Public in and for the State of WashingtonMy appointment expires: 02-28/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-062587

DATE ISSUED: 12/09/2021

FEE NUMBER: 311221

FIRST AND MIDDLE NAME(S): GARY LYNN

LAST NAME(S): VANAUSDLE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 03, 2021

HOUR OF DEATH: 05:31 AM

SEX: MALE

AGE: 62 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: RENTON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: NANCY HOTZ

OCCUPATION: TECHNICAL PROFESSIONAL

INDUSTRY: TECHNICIAN

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: DANIEL HITSMAN

RELATIONSHIP: SON-IN-LAW

ADDRESS: 914 BURLINGTON ROAD, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE

INTERVAL: 2 DAYS

B: COVID-19 PNEUMONIA

INTERVAL: 14 DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MORBID OBESITY

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 914 BURLINGTON ROAD

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: VERNON D LYNCH

MOTHER: ETHEL IREAN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

CITY, STATE: STANWOOD, WASHINGTON

DISPOSITION DATE: DECEMBER 08, 2021

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 8808 271ST ST NW

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

FUNERAL DIRECTOR: AMY H. BERMAN

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: DOUGLAS HAYES, DO

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: DECEMBER 03, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: DECEMBER 08, 2021

Affidavit for Correction

12/17/2021 01:40 PM Page 5 of 5
 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	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
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 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 2 nd parent (if required):		
Printed name:			Printed name:		Date:
Date:			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:					
<ul style="list-style-type: none"> • 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					
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. Proof documentation must be five or more years old or established within five years of birth.					
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).					
Child under 18					
<ul style="list-style-type: none"> • 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. 					
<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 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					
1. 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.					
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 proof documentation.					
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.					



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



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