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03/04/2022 03:18 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

MAR 04 2022

Amount Paid \$
By Skagit Co. Treasurer Deputy

Address: 705 F & S Grade Road, Sedro Woolley, WA
Legal: Tract B Boundary Line Adjustment 200609190059
Parcel No.: P125214 / 350423-1-008-0500

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, MARSHA BEMKE, executes this affidavit relating to the estate of DELOMA R CAVANAUGH, the Decedent, who died on November 4, 2019, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

MARSHA BEMKE, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- ☐ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☒ Surviving child of the Decedent
☐ One 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 _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
☐ Other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Full Name	Age	Relationship to Decedent
Marsha Bemke 707 F & S Grade Rd Sedro Woolley, WA 98284	legal	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:

Tract B of BOUNDARY LINE ADJUSTMENT SURVEY, as approved September 19, 2006, and recorded September 19, 2006, under Auditor's File No. 200609190059, records of Skagit County, Washington; being a portion of the Northeast Quarter of Section 23, Township 35 North, Range 4 East of the Willamette Meridian, more particularly described as follows:

That portion of Tract B described in Quit Claim Deed to Dennis Klinger recorded under Auditor's File No. 9909070062, records of Skagit County, Washington, lying in the North Half of the Northeast Quarter of Section 23, Township 35 North, Range 4 East of the Willamette Meridian, described as follows:

Commencing at the most Northerly corner of said Tract B being the intersection of the West line of the Northeast Quarter of the Northeast Quarter of said Section 23 with the South right-of-way line of the F&S Grade Road;
 Thence South 52°19'00" East along said South right-of-way line, a distance of 75.41 feet to the point of beginning of this description;
 Thence South 52°19'00" East along said South right-of-way line, a distance of 149.59 feet to the most Easterly corner of said Tract B;
 Thence South 25°52'23" West along the Southeasterly line of said Tract B, a distance of 126.24 feet;
 Thence North 52°19'00" West, a distance of 175.43 feet;

Thence North 37°41'00" East, a distance of 123.57 feet to the point of beginning of this description.

Situated in Skagit County, Washington.

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

- ☐ The decedent left no Will that devises real property.
☒ The decedent left a Will that devises real property.
☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 08/08/2019. The Will devises and states that:

III (A) I hereby give, devise and bequeath all of the rest, residue and remainder of my property of every kind, nature and description, wheresoever located or situated, outright to Marsha L. Bemke.

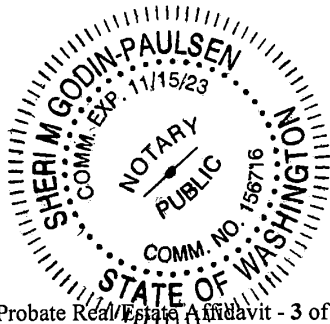
DATED: March 2, 2022



 Marsha Bemke - Affiant

STATE OF WASHINGTON)
) ss.
 COUNTY OF SKAGIT)

On this day personally appeared before me **Marsha Bemke** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 2 day of March, 2022.




 NOTARY PUBLIC in and for the
 State of Washington, residing at
Clearlake
 Commission Expires: 11.15.23

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-048398

DATE ISSUED: 11/05/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DELOMA RUTH
LAST NAME(S): CAVANAUGH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 04 2019
HOUR OF DEATH: 06:00 AM
SEX: FEMALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTH PLACE: RICHLAND, MO

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: LINE ASSIGNER
INDUSTRY: TELEPHONE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: MARSHA LYNN BEMKE
RELATIONSHIP: DAUGHTER
ADDRESS: 707 F&S GRADE ROAD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: ANOREXIA
INTERVAL: DAYS
B: MULTIFACTORIAL ENCEPHALOPATHY
INTERVAL: WEEKS
C: URINARY TRACT INFECTION
INTERVAL: WEEKS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OSTEOPOROSIS WITH LUMBAR
COMPRESSION FRACTURE (NON-ACUTE) AND SEVERE PAIN, DEMENTIA

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: 707 F&S GRADE ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 707 F&S GRADE ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: JOHNIE EDWARD TUBBS
MOTHER: EULA [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FOREST PARK CEMETERY

CITY, STATE: CONCRETE, WASHINGTON
DISPOSITION DATE: NOVEMBER 08, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
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: NOVEMBER 04, 2019

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: NOVEMBER 05, 2019



Affidavit for Correction

03/04/2022 03:18 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
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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:		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 <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:			
P.O. Box or Street Address		City	State
		Zip	

Telephone Number: ()	Email Address:
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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 2nd 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

Child under 18 <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 	Adult (18 years or older) <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



CERTIFIED

NOV 05 2019

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



0 3 2 6 5 1 7 6

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