

Return Address
GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

GNW 22-14823

AFFIDAVIT (LACK OF PROBATE) 2

_____, being first duly sworn, deposes and says:
Notary
The undersigned affiant/grantee Judy Blanton is a rightful heir, as listed on
Affiant/Grantee
heirs at law, to the real property described below, and is the Spouse
Relationship to decedent
of Edward Lee Blanton, who died on May 7, 2015
Decedent/Grantor *Day*
at Sedro Woolley Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____
Lot 9 & Ptn. Lot 2, Roetker's Addition to Sedro-Woolley

Assessor's Property Tax Parcel/Account Number: P76838
(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 4)

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

JEFFREY W. BLANTON 60 SON

10382 Ridge PL SEDRO-WOODLEY WA 98284

MARIE E BLANTON 58 Daughter

42166 CAPE HORN DR Concrete WA 98237

RANDIE L. DEURIES 55 Daughter

7629 Healy Rd SEDRO-WOODLEY WA 98284

RACHEL L. BLANTON 47 Daughter

337 PARKWAY LN SEDRO-WOODLEY WA 98284

JUDY BLANTON Spouse

42166 Capet Horn Dr Concrete WA 98237

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

Dated: April 1-2022

Judith M. Blanton

Affiant's full name

360-856-4581

Telephone number

309 Hawthorne St

Street

Sedro-Woolley Wash 98284

City

State

Zip Code

Judy Blanton
Signature

April 1-2022
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Judy Blanton
(name of person)

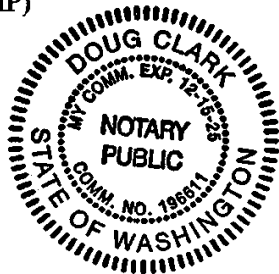
is the person who appeared before me, and said person acknowledged that (he^(s)he) signed this affidavit and acknowledged it to be (his^(r)her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 04/01/2022

Doug Clark

Signature of Notary Public

(SEAL OR STAMP)



Residing at: Sedro Woolley, WA.

Notary Public in and for the State of WA

My appointment expires: 12/15/2025

Exhibit "A"
Property Description

Lot 9, and that portion of Lot 2, lying Westerly of the West line of secondary State Highway 1-A as conveyed by deed recorded November 19, 1957, under Auditor's File No. 558582, in "ROETKER'S ADDITION TO SEDRO WOOLLEY", as per plat recorded in Volume 7 of Plats, page 44, 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: 2015-012854

DATE ISSUED: 05/08/2015

FEE NUMBER: 000000029

GIVEN NAMES: EDWARD LEE
LAST NAME: BLANTON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: [REDACTED]

HOUR OF DEATH: 03:30 A.M.

SEX: MALE

AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 13, 1940
BIRTHPLACE: SYLVA, NORTH CAROLINA

MARITAL STATUS: MARRIED
SPOUSE: JUDITH NOBLE

OCCUPATION: TRUCK DRIVER
INDUSTRY: COM. PIPELINE CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: JUDY BLANTON
RELATIONSHIP: WIFE
ADDRESS: 309 HAWTHORNE STREET, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 309 HAWTHORNE STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 309 HAWTHORNE STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER: ALBERT BLANTON
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MAY 08, 2015

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: RICK S. LEMLEY

- CAUSE OF DEATH:
- A. END STAGE LIVER FAILURE
INTERVAL: ONE YEAR
 - B. NONALCOHOLIC STEATOHEPATITIS
INTERVAL: 10 YEARS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ENDOCARDITIS OF AORTIC VALVE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 827 FREEMAN DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98275
DATE SIGNED: MAY 07, 2015

STATUS OF DECEDENT, IS A TRANSPORTATION INJURY?
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJAN 288
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: MAY 08, 2015

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
www.chhs.wa.gov

STATE OFFICE USE ONLY

1. Date of Birth: _____ 2. Sex: _____ 3. Race: _____ 4. Initials: _____ 5. Date: _____ 6. Affidavit Number: _____

Use the section below for requesting any changes on the record

7. Birth Death Marriage Dissolution

8. 1. Name of Event: _____ 2. Date of Event: _____ 3. Place of Event: _____

9. 1. Person's Full Birth Name: _____ 5. Mother/Parent Full Birth Name: _____

The record is incorrect or incomplete as follows:

10. The record now shows: _____ The true fact is: _____

11. _____ 12. _____ 13. _____

14. I declare that the person is: Self Parent Guardian Informant Funeral Director Other (specify) _____ Telephone Number: _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

18. I declare that I am an informant as required. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof: Birth Record, Certificate of Naturalization, Marriage/Divorce Record, School Transcripts (Official), Military Record (DD-214), Life Insurance Policy, Alien Registration (front and back), Hospital/Medical Record, Report

Birth Certificate

- Only a parent, legal guardian of the child is under 18 or the birth attendant (if 18 or older) may change the birth certificate.
- The parent/guardian must exactly reproduce the facts. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Changes may be:
 - Change of name: proof required and/or giving them authority to act on behalf of child/parent.
 - Change of sex: the sex of the child can be changed (based on the medical record full birth name, parent/guardian full birth name if present on the certificate or any combination of the two). After age one a court ordered legal name change is required.
 - Change of how change the child's first/middle name by completing this affidavit is required. No proof is needed.
 - Change of parent's information: one documentary proof is required. Proof must be six (6) months to one (1) year old or have been established within five (5) years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
 - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form 90H 422-032)

Death Certificate

- Only the informant, the funeral director, or executor/administrator (if evidence nominating 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 niece or nephew). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.

Marriage/Dissolution (Divorce) Certificates

- The medical information (sex of blood) may be changed only by the certifying physician or the court/medical examiner.
- Spelling (last name) (misspelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- Changes for date of death or marriage or dissolution, the official (marriage or clerk of court (dissolution) must sign the affidavit.

90H 422-032, June 2014

CERTIFIED

MAY 08 2015

Howard Leibrand

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

BB00185824

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