

After recording, return to:
William R. McCann
302 Metcalf
Sedro Woolley, WA 98284

CHICAGO TITLE

620051510

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/13/2022

Grantor (Name of Decedent): ANTON RICHARDS ANDERSEN SR.

Grantee (Heirs): JULEE ANN ANDERSEN

Abbreviated Legal Description: PTN TRACTS 16-19, ROETKER'S ADDN TO SEDRO-WOOLLEY

Tax Parcel No.(s): P76847 / 4168-000-018-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington
COUNTY OF Skagit

The undersigned, Julee Ann Andersen, executes this affidavit relating to the estate of Anton Richards Andersen Sr. (herein "Decedent"), who died on January 30th 2022, in the County of Skagit, State of Washington, then being a resident of the City of Sedro Woolley, 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 _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- other (identify:) _____

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: Anton Richards Andersen, Staff
Name and relationship: Jason Aven Andersen
Name and relationship: Julee Ann Andersen, Spouse
Name and relationship: _____

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)**

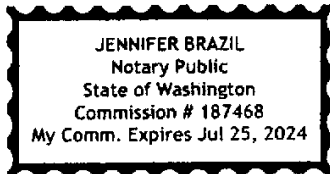
- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

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

Julee Ann Andersen
Signature
Julee Ann Andersen
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on 5-12-22 by _____
Julee Ann Andersen (name of person making statement).



Jennifer Brazil
Name: Jennifer Brazil
Notary Public in and for the State of Washington,
Residing at: Skagit County
My appointment expires: 7-25-2024

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P76847 / 4168-000-018-0000

THE SOUTH 85 FEET OF THE NORTH 170 FEET OF THE FOLLOWING DESCRIBED PREMISES,
AS MEASURED ALONG THE EAST AND WEST LINES THEREOF:

TRACTS 16, 17, 18, AND 19, ROETKER'S ADDITION TO SEDRO-WOOLLEY, ACCORDING TO
THE PLAT THEREOF RECORDED IN VOLUME 7 OF PLATS, PAGE 44, RECORDS OF SKAGIT
COUNTY, WASHINGTON;

EXCEPT THE NORTH 20 FEET OF SAID TRACT 16;

ALSO EXCEPT THAT PORTION THEREOF AS CONVEYED TO THE STATE OF WASHINGTON BY
DEED RECORDED NOVEMBER 19, 1957, UNDER AUDITOR'S FILE NO. 558582, 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: 2022-005206

DATE ISSUED: 02/18/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANTON RICHARDS
LAST NAME(S): ANDERSEN SR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 30, 2022
HOUR OF DEATH: 09:27 PM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 314 HAWTHORNE ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: KETCHIKAN, AK

FATHER: AVEN ANDERSEN SR
MOTHER: MARJORI [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JULEE ANN MILLER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: TRUCK DRIVER
INDUSTRY: TRUCKING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: FEBRUARY 01, 2022

INFORMANT: JULEE ANN ANDERSEN
RELATIONSHIP: WIFE
ADDRESS: 314 HAWTHORNE ST SEDRO WOOLLEY, WA 98284

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARS
B: HYPERTENSION
INTERVAL: YEARS
C: DEMENTIA
INTERVAL: YEARS
D: DIABETES
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ANNE WILSON, PAC
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: PO BOX 2586
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99220
DATE SIGNED: JANUARY 31, 2022

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: FEBRUARY 01, 2022



Affidavit for Correction

05/13/2022 12:42: 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: 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 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 forgoing is true and correct.

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

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

- 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

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.

CERTIFIED

FEB 18 2022

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



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



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