



202206280097

06/28/2022 03:14 PM Pages: 1 of 7 Fees: \$209.50
Skagit County Auditor

Return Address:

Stephen C. Schutt

P.O. Box 1032

Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX2022 2674
JUN 28 2022Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee William D. Zirbel, 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 surviving spouse (husband)of Marcia June Zirbel, who died on 05/15/2022
Relationship to decedent
Decedent/Grantor Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Rancho San Juan Del Mar Sub-Div 1 N1/2 Lot 107 & All Lt 108 & S1/2 Lot 109Portion of Government Lot 1, Section 13, Township 34 N, Range 01 E, W.M.E 20AC OF NE1/4 NE1/4, SECYION 14 , TOWNSHIP 34 N, RANGE 1 EAST W.M.Assessor's Property Tax Parcel/Account Number: P68304/3974-000-109-0006
(Attach full legal description of the property) P19316/340113--0-001-0003
P19377/340114-1-001-0208☐ 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 3)

William D. Zirbel, Adult, Surviving Spouse, 3135 Biz Point Road,

Anacortes, WA 98221

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: JUN 23, 2022

William D. Zirbel

Affiant's full name
(360) 293-6001Telephone number
3135 Biz Point Road

Anacortes

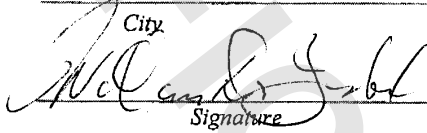
Street
WA

98221

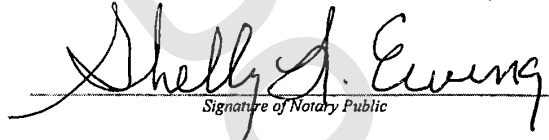
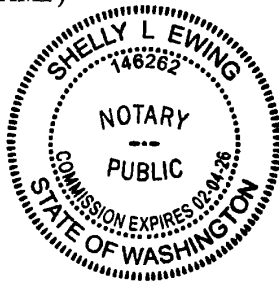
City

State

Zip Code


SignatureJUN 23, 2022
DateState of Washington County of SkagitI know or have satisfactory evidence that William D. Zirbel
(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: 06/23/2022(SEAL OR
STAMP)
Signature of Notary PublicResiding at: AnacortesNotary Public in and for the State of WashingtonMy appointment expires: 02/04/2026

ATTACHMENT "A"

Assessor's Property Tax Parcel/Account: P68304/3974-000-109-0006

PARCEL "A":

Tract 108, "RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 3," as per plat recorded in Volume 6 of Plats, pages 19 and 20, records of Skagit County, Washington.

ALSO, the South $\frac{1}{2}$ of Tract 109, "RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 3," more particularly described as follows:

Beginning at a point North $13^{\circ}52'$ West 37.5 feet from the Southwest corner of said Tract 109;
thence South $13^{\circ}32'$ East 37.5 feet;
thence North $80^{\circ}54'40''$ East 331.96 feet to the Southeast corner of said Tract;
thence North $23^{\circ}46'$ West 7.5 feet;
thence Westerly in a straight line to the point of beginning.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

The North $\frac{1}{2}$ of Tract 107, "RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 3," as per plat recorded in Volume 6 of Plats, pages 19 and 20, records of Skagit County, Washington, described as follows:

Beginning at the Southwest corner of said Tract;
thence North $13^{\circ}52'$ West 37.5 feet to the true point of beginning;
thence continue North $13^{\circ}52'$ West 37.5 feet to the Northwest corner of said Tract;
thence North $70^{\circ}33'$ East 334.98 feet to the Northeast corner of said Tract;
thence South $23^{\circ}46'$ East 7.5 feet;
thence Westerly in a straight line to the true point of beginning.

Situate in the County of Skagit, State of Washington.

ATTACHMENT "A"

Assessor's Property Tax Parcel/Account: P19316/340113-0-001-0003

THAT PORTION OF GOVERNMENT LOT 1 SECTION 13, TOWNSHIP 34 NORTH, RANGE 1, W.M., DESCRIBED AS FOLLOWS:
BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 1; THENCE EAST 20 RODS (330 FEET), ALONG THE NORTH LINE OF SAID LOT 1, THENCE AT RIGHT ANGLES SOUTH 40 RODS (660 FEET); THENCE AT RIGHT ANGLES WEST 20 RODS (330 FEET); THENCE AT ANGELS NORTH ALONG THE WEST LINE OF SAID LOT 1, 40 RODS (660 FEET) TO THE PLACE OF BEGINNING.

Situate in the County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account: P19377/340114-1-001-0208

E 20AC OF NE1/4 NE1/4, SECTION 14, TOWNSHIP 34 NORTH, RANGE 1 EAST, W.M., EXCEPT THE FOLLOWING DESCRIBED PARCEL: THAT PORTION OF THE NE1/4 NE1/4 DESCRIBED AS FOLLOWS: BEGINNING AT THE NE CORNER OF SAID SECTION 14; THENCE NORTH 87-13-43 WEST ALONG THE NORTH LINE OF SAID SECTION 14, 644.87 FEET TO THE NW CORNER OF SAID EAST 20 ACRES; THENCE SOUTH 02-28-03 WEST ALONG THE WEST LINE OF SAID EAST 20 ACRES, 164 FEET; THENCE NORTH 83-36-10 EAST, 652.67 FEET TO A POINT ON THE EAST LINE OF SAID SECTION 14 THAT LIES 60 FEET FROM THE POINT OF BEGINNING; THENCE NORTH 02-28-23 EAST ALONG SAID EAST LINE, 60 FEET TO THE POINT OF BEGINNING.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-025675

DATE ISSUED: 05/20/2022
FEE NUMBER:FIRST AND MIDDLE NAME(S): MARCIA JUNE
LAST NAME(S): ZIRBELCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 15, 2022
HOUR OF DEATH: 08:20 AM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: WENATCHEE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: WILLIAM DONALD ZIRBELOCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: BILL D ZIRBEL
RELATIONSHIP: HUSBAND
ADDRESS: 3135 BIZ POINT ROAD, ANACORTES, WA 98221CAUSE OF DEATH:
A: ACUTE OSTEOPOROTIC PATHOLOGICAL PELVIC FRACTURE
INTERVAL: 11 DAYS
B: FREQUENT FALLS DUE TO GAIT INSTABILITY
INTERVAL: MONTHS
C: ALZHEIMER'S DEMENTIA
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALZHEIMER'S DEMENTIA

DATE OF INJURY: MAY 09, 2022
HOUR OF INJURY: 09:35 AM PRESUMED
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 3135 BIZ POINT RD

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 3135 BIZ POINT ROAD
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 3135 BIZ POINT ROAD
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARSFATHER: JOSEPH PETER BRISLAWN
MOTHER: PHYLLIS ELIZABETH [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GRAND VIEW CEMETERYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MAY 19, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER OF DEATH: ACCIDENT
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 RESPONSECERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MAY 18, 2022CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 220515-363
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: MAY 19, 2022

Affidavit for Correction

06/28/2022 03:14 PM Page 7 of 7
 State Health Statistics
 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 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:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
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:				
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:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
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:

- 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**

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.
- *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

- 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.
- 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 proof documentation.
- 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***

MAY 20 2022

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



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