202208230046 08/23/2022 11:08 AM Pages: 1 of 5 Fees: \$207.50 Skagit County Auditor

Stiles & Lehr Ind P.O. Box 228 / Sedro Woolley,	c., P.S. 925 Metcalf Street	REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY DUNA SHOWASING DATE 8.33.33	
Address: Legal: Parcel No.:	28408 Utopia Road, Sec SW 1/4 SE 1/4, 14-35-5 P122720 / 350514-3-01 P39095 / 350514-4-004-	1-0300; P39090 / 350514-3-011-0009;	
	LACK OF PRO	BATE REAL ESTATE AFFIDA	VIT
State of Was) ss.		
GARY A. DE State of Was	WITT, the Decedent, hington, then being a	T, executes this affidavit relating who died on June 24, 2006, in t a resident of the County of Skagit certificate is attached hereto.	he County of Skagit ,
BETTY JEAN	DEWITT, being first d	luly sworn, depose and say:	٠
	avit is to be recorded eir to the property des	as an affirmation of facts showin	g that the affiant is
Relationship	of the Affiant to th	e Decedent	
∑ Th □ Re □ Su □ Or	egistered domestic pa urviving child of the D ne of the joint tenants	ouse of the Decedent artner of the Decedent ecedent named in that certain instrumen	

[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):

<u>Full Name</u>	Age	Relationship to Decedent
Betty Jean DeWitt PO BOX 844	LEGAL	Spouse
Lvman, WA 98263		

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:

The West 382 feet of that portion of the Southwest Quarter of the Southeast Quarter lying Northerly of the Country road, in Section 14, Township 35 North, Range 5 East of W.M.,

ALSO, that portion of the Southwest Quarter of the Southeast Quarter of Section 14, Township 35 North, Range 5 East of W.M., if any, lying Southerly of the County road,

ALSO, the East 693 feet of the Southeast Quarter of the Southwest Quarter, Section 14, Township 35 North, Range 5 East of W.M., EXCEPT road, EXCEPT the North 20 feet of that portion lying West of a certain creek as deeded to R. S. Gill, by deed dated December 17, 1914, filed February 21, 1920, under Auditor's File No. 139445 and recorded in Volume 116 of Deeds, page 221, AND EXCEPT that portion, if any, lying West of the East line of the West 627 feet of said Southeast Quarter of the Southwest Quarter, EXCEPT that portion conveyed to Skagit County be deed recorded October 4, 1983, under Auditor's File No. 8310040010.

Situate in the County of Skagit, State of 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 9/11/1981. The Will devises and states that:

THIRD: I hereby give, devise and bequeath unto my beloved wife, Betty J. DeWitt, all the rest, residue and remainder of my estate, real, personal and mixed, of whatsoever kind or nature and wheresoever situated, either separate or community, of which I may die seized or possessed, to have and to hold the same to her own separate use and benefit; PROVIDED, however, if my wife fails to survie me, then I give, devise and bequeath all of my estate of whatsoever kind and nature to my two daughters, Julie DeWitt Tingley and Kristein DeWitt, in equal shares, share and share alike.

DATED: Oct 29, 2021

Betty Jean Dewitt - Affiant

STATE OF WASHINGTON

,) ss.

COUNTY OF SKAGIT

On this day personally appeared before me **Betty Jean Dewitt** 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 29 day of October, 2021.

Julya

NOTARY PUBLIC in and for the State of Washington, residing at

Commission Expires: 10-26-22

STATE OF WASHINGTON. DEPARTMENT OF HEALTH

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	7	8a. Birthplace (City		8b. (State or	Foreign Country)	9. Deceden	nt's Education	155	agıı	
	Ĺ	Sedro-Wo			ngton	Eleve	enth gra	de		
1	1	U. was Decedent of Hispanic Origin? (Yes or No) I	If yes, specify.	_	ecedent's Race(s)	,			12, Was De Armed Fe	ecedent ever in U.S. orces? Yes
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18	311	28408 Iltopia Road						Sedro-W		
2		I3c. Residence: County Skagit 13d. Tribal F	Reservation Name	(il applicable)	13e. State or Forei Washing t			Code + 4 8284		side City Limits?
Frinara		4. Estimated length of time at residence. 15. Ma 45 years	arital Status at Time larried	of Death	16. Surviving Spou Jean Hen		name prior to first	marriage)		
ž	3 1	17. Usual Occupation (Indicate type of work done during		. (DO NOT USE	RETIREDJ. 18. Kind o	f Bùsiness/Indust	try (Do not use C	ompany Name	1	
eled	<u> </u>	Sawyer / Engineer 9. Father's Name (First, Middle, Last, Suffix)		<u> </u>		er Mill r's Name Before	Circle	le, L	nel\	
ОШОО		Chester Earl DeWitt			Fran	ces Evelv	m		•	
8	3 2	1. Informant's Name 22. Jean DeWitt	Relationship to De-	cedent 23	. Mailing Address: 28408 Utop	Number and Street or I	Sedro-	Woolley	, WA ^{Z/p} 982	284
Part	2	4. Place of Death, if Death Occurred in a Hospital:			Place of De	eath, if Death Occurr	ed Somewhere C			-0-
		5. Facility Name (If not a facility, give number & street	or legation)			dent's Re		oath heb	State 27, Zip	Codo
	L	28408 Utopia Road	11/1 1	11.	S	Sedro-Wo	юlley	W	A 982	
	2	8. Method of Disposition 29. Pla Burial Un:	ice of Final Disposi	ition (Name o	f cemelery, crematory,	other place)	30. Loc	ation-City/To	wn, and State 11ey, Was	shington
	3	1. Name and Complete Address of Funeral Facili	itv	•	Sedro-Wool			32. D	ate of Disposition	n [
برا	4	3: Fugeral Directo Signature X	illid Stree	- L	SECTIO-MODI	iey, wa	90204	1 3	une 28, 2	2006
[Kich lember	See The		' ',	` ,				
Г	3	4. Enter the chain of events - diseases, injuries,	or complications –	that directly	h (See Instructions,ar caused the death	nd examples) DO NOT enter te	erminal events	such as card	iac arrest resnic	atory arrest or
1	M	entricular fibrillation without showing the etiology.	DO NOT ABBRE	HATE AND			oinment a rante	000.00	da arradi, roopii	a.o. y a.v.os., c.
				VIATE. Add	additional lines if n	ecessary.			1-1	
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DOH/CHS 003 Rev 2/06/2004

202208230046

Affidavit for Correction

08/23/2022 11 08 AMerke ge Feath 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									
Stat	e File Number	Fee 1	Number			Initials	Date	Affidavit	Number
Required information must match current information on record									
٦,	Record Type:	☐ Birth	Death 🗌		Marriage		☐ Dissolution (Divorce)		
Required	1. Name on Record:	N 41 - J - U		1 4			2. Date of Event:		of Event:
=	First Middle Last					1D / E	MM/DD/YYYY	1 , ,	or County)
8	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)				/Parent Fu	Il Birth Name (Spouse	_	•	
ď	First Middle Last/Maiden 6. Name of Person Requesting Correction: Relationship			First	0 - 15	Middle		_ast/Maiden	
	b. Name of Person Requi	esting Correction	1:		Record:	Self Parent(s)	☐ Guardian ☐ Funeral Director	☐ Informant ☐ Other (specify	☐ Hospital /)
	eturn Mailing Address:				O!L.		01-1-	**7: _	
	Box or Street Address phone Number:				City Email Ad	dress:	State	Zip	
()								
	Use the section	below for req	uesting any o	changes on	the record	. The rec	ord is incorrect or	incomplete a	s follows:
	The re	ecord currently	shows:				The true	fact is:	
8.					9.				
10.	-				11.				
12.					13.				
	l declare under	penalty of pe	rjury under ti	ne laws of th	ne State of	Washing	ton that the forgo	ing is true and	d correct.
14a.	. Signature:				14b. Sigr	ature of 2n	d parent (if required):		
Prin	ted name:		D	ate:	Printed n	ame:			Date:
• i	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.								
	h Certificates								
2. T	Only a parent(s), legal gua Fhe proof(s) must match Mary Ann Doe. Proof documentation must	the asserted fac	t(s). For examp	le, if the affida	vit says the i	name shoul			now the name to be
4. 7	This affidavit cannot be use				knowledgme	nt of Paren		159).	
Chil	<u>d under 18</u> If legal guardian(s), includ	te certified court	order proving a	uardianehin		be adult or	older) an change their own t	airth cortificate	
	Up to age one or up to on	e year following	the filing of an A	uaruiarisiiip. Acknowledgme	ent • If the		dle name is missing,		roof documentation
	of Parentage form, last na	me can be chang	ged once to eith	er parents' nar	ne are re	equired.			
	on certificate (can be any thereafter, a court order is						e and/or last name is two pieces of proof o		
•	No proof is required to ch	ange the first or i	middle name.*		 To co 	rrect parent			ne proof documentation
•	To correct the say of the	ation, one proof	documentation i	s required. ~~ ~~ om a modical	is rec	uired.			
	 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. 								
Dea 1.	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.								
	riage/Dissolution (Divord		ama data ar pl	age of birth or	rooidonoo)	may ba cha	ngad by the person u	with one piece of	proof documentation

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

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.

Jan Remsbecker

ISSUED AUG 0 9 2022



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