



202208230046

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

After recording mail to:

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

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Thompson
DATE 8.22.22

Address: 28408 Utopia Road, Sedro Woolley, WA 98284
Legal: SW 1/4 SE 1/4, 14-35-5
Parcel No.: P122720 / 350514-3-011-0300; P39090 / 350514-3-011-0009;
P39095 / 350514-4-004-0006

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, BETTY JEAN DEWITT, executes this affidavit relating to the estate of GARY A. DEWITT, the Decedent, who died on June 24, 2006, 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.

BETTY JEAN DEWITT, 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):

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

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 County 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 by 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 survive 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 29th day of October, 2021.




 NOTARY PUBLIC in and for the
 State of Washington, residing at
Sedro-Woodley, WA
 Commission Expires: 10-26-22

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 53606 Washington State Certificate of Death State File Number: 6 61400

1. Legal Name: GARY ALLEN DeWITT; 2. Death Date: June 24, 2006; 3. Sex: Male; 4a. Age: 75; 6. County of Death: Skagit; 13a. Residence: 28408 Utopia Road; 17. Usual Occupation: Sawyer / Engineer; 18. Kind of Business/Industry: Lumber Mill; 23. Mailing Address: 28408 Utopia Road, WA 98284; 24. Place of Death: Decedent's Residence; 25. Facility Name: 28408 Utopia Road; 28. Method of Disposition: Burial; 29. Place of Final Disposition: Union Cemetery; 30. Location: Sedro-Woolley, Washington; 31. Name and Complete Address of Funeral Facility: Lemley Chapel, 1008 Third Street, Sedro-Woolley, WA 98284; 32. Date of Disposition: June 28, 2006; 34. Cause of Death: Stage 4 metastatic small cell CA lung; 35. Other significant conditions contributing to death; 38. Manner of Death: Natural; 41. Date of Injury; 45. Location of Injury; 47. If transportation injury; 48a. Certifying Physician: T.W. Martin, Jr., MD; 48b. Medical Examiner/Coroner; 49. Name and Address of Certifier; 50. Hour of Death: 0130 hrs; 51. Name and Title of Attending Physician; 52. Date Signed: June 27, 2006; 53. Title of Certifier: Physician; 54. License Number: 14430; 55. ME/Coroner File Number: NJA-188; 56. Was case referred to ME/Coroner? Yes; 57. Registrar Signature: Anne Anderson, Deputy; 58. Date Received: JUN 27 2006

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

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 <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: 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:	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 from 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.

Adult (18 years or older)

- Only the adult can change their own 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.

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.



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.

Jean Remsbecker

ISSUED

AUG 09 2022



0 5 1 2 1 0 2 5

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