



202210100028

10/10/2022 12:34 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:
Marilynn E. Olson
2 Kootenai Place
La Conner, WA 98257

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022 4094
OCT 06 2022
Amount Paid \$ 0
Skagit Co. Treasurer
By [Signature] Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Marilynn E. Olson, 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
Relationship to decedent
of Robert L. Olson, who died on March 11, 2022
Decedent/Grantor Date
at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Tract I-1 and Tract I-2, "AMENDED SURVEY OF SHELTER BAY DIVISION NO. 5, Tribal and Allotted Lands of Swinomish Indian Reservation" as recorded on June 2, 1976, in Volume 1 of Surveys, Pages 184 to 186, records of Skagit County, Washington, under Auditor's Filing No. 836134.

Assessor's Property Tax Parcel/Account Number: 5100-005--001-0000/P128934
(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)

Kimberly Olson Sieber, / legal age / Daughter / 729 N. West Capitol Street

Salt Lake City, UT 84103

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-014200

DATE ISSUED: 03/17/2022
FEE NUMBER:FIRST AND MIDDLE NAME(S): ROBERT LEE
LAST NAME(S): OLSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 11, 2022
HOUR OF DEATH: 10:15 AM
SEX: MALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SAYRE, PAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARILYNN EHRlichOCCUPATION: MARKETING AND ADVERTISING
INDUSTRY: SELF-OWNED BUSINESS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: MARILYNN OLSON
RELATIONSHIP: WIFE
ADDRESS: 2 KOOTENAI PLACE, LA CONNER, WA 98257CAUSE OF DEATH:
A: STROKE
INTERVAL: SEVERAL WEEKSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: FIDALGO CARE CENTER/SOUNDVIEW
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 2 KOOTENAI PLACE
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 17 YEARSFATHER: OLIVER BARBER
MOTHER: EDITH [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 16, 2022

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: SARAH A. DRAKEMANNER 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 RESPONSECERTIFIER NAME: HELEN YOUNG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: MARCH 16, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: HELEN YOUNG, PHYSICIANLOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MARCH 16, 2022



Affidavit for Correction

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

Record Type: Birth Death Marriage 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 Self Guardian Informant Hospital
 Person on Record: Parent(s) Funeral Director 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 2nd parent (if required):
 Printed name: Date: Printed name: 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

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 Acknowledgement 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.

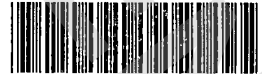


Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

MAR 17 2022

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



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