




202211180092

11/18/2022 04:01 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 4669
NOV 18 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

LACK OF PROBATE AFFIDAVIT

GRANTOR: Deanna M. Soiseth, deceased.

GRANTEE: David J. Soiseth

LEGAL DESCRIPTION:

LOT 2, PLAT OF BROWN AND MCMILLEN, DIV. 3, AS PER PLAT THEREOF
RECORDED IN VOLUME 16 OF PLATS, PAGES 209 THROUGH 211, RECORDS OF
SKAGIT COUNTY, WASHINGTON.

Situate in the County of Skagit, State of Washington.

ASSESSOR'S PROPERTY TAX

PARCEL OR ACCOUNT NO.:

XrefId # 4710-000-002-0000

P# 112858

REFERENCE NOS. OF DOCUMENTS

ASSIGNED OR RELEASED:

N/A

AFFIDAVIT

David J. Soiseth, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of my wife, Deanna M Soiseth, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

LOT 2, PLAT OF BROWN AND MCMILLEN, DIV. 3, AS PER
PLAT THEREOF RECORDED IN VOLUME 16 OF PLATS, PAGES
209 THROUGH 211, RECORDS OF SKAGIT COUNTY,
WASHINGTON. Situate in the County of Skagit, State of Washington.

Street Address of Property: 20236 Gardner Court Burlington, WA 98233

SECOND, that said Decedent died on the 25 day of February, 2022, a resident of Skagit County State of Washington.

THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said County,

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$900,000 including real property above-described, which had an approximate value of \$640,000.

FIFTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SIXTH, that the Decedent was survived by husband David J. Soiseth, of legal age, entitled to all of the Estate as Community Property.

DATED this 18 day of November, 2022.

David J. Soiseth
David J. Soiseth

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I hereby certify that I know or have satisfactory evidence that David J. Soiseth signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

DATED this 18 day of November, 2022.



David L. Day
NOTARY PUBLIC in and for the
State of Washington, residing
in Mt. Vernon. My
commission expires: 6-09-23
Print Name: DAVID L. DAY

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-010912

DATE ISSUED: 02/28/2022
FEE NUMBER:FIRST AND MIDDLE NAME(S): DEANNA MAE
LAST NAME(S): SOISETHCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 25, 2022
HOUR OF DEATH: 07:00 AM
SEX: FEMALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: WATFORD CITY, NDMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID SOISETHOCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NOINFORMANT: DAVID SOISETH
RELATIONSHIP: SPOUSE
ADDRESS: 20236 GARDNER COURT, BURLINGTON, WA, 98233CAUSE OF DEATH:
A: DEMENTIA, PRESUMED VASCULAR
INTERVAL: YEARS
B: CEREBROVASCULAR DISEASE
INTERVAL: YEARS
C: HYPERTENSION
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE HYPOTHYROIDISM

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 20236 GARDNER CT
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 20236 GARDNER CT
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARSFATHER: EDWARD TAYLOR
MOTHER: [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 02, 2022FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION
SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 25, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: FEBRUARY 28, 2022

Affidavit for Correction

11/18/2022 04:01 PM Page 4 of 4
Mail to: Center for 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: 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 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

- 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

FEB 28 2022



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

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



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