

**Return Address:**

Land Title and Escrow Company  
111 E. George Hopper Road  
Burlington, WA 98233  
207766-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/23/2022

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Karyn Marks, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of Paul Marks  
*Relationship to decedent* *Decedent/Grantor*

who died on 12/8/2018 at  
*Date*

Seattle KING WASHINGTON  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 1 & ptn Lot 2, Assessor's Plat of Jed Land Company Tracts

Assessor's Property Tax Parcel/Account Number: 3931-000-002-0006/P66198  
(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)

Karyn Marks, 54, Surviving Spouse

4077 South Sabrina Drive, Chandler AZ 98248

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: 11/19/2022Karyn Marks  
Affiant's full name(206) 669-8973  
Telephone number4077 South Sabrina Drive, Unit 131  
Street  
Chandler AZ 85248  
City State Zip CodeKaryn Marks 11/19/2022  
Signature DateSTATE OF ARIZONA  
COUNTY OF MaricopaSigned and sworn to (or affirmed) before me on this 19 day of November, 2022 by  
Karyn MarksLaina Ferris  
SignatureNotary Public  
TitleMy appointment expires: 6-18-2024, 20

**Legal Description**

Lot 1, "ASSESSOR'S PLAT OF JED LAND COMPANY TRACTS", according to Volume 9 of Plats, page 109, records of Skagit County, Washington;

TOGETHER WITH that portion of Lot 2 of said "ASSESSORS PLAT OF JED LAND COMPANY TRACT", described as follows:

Beginning at the Southeast corner of said Lot 2;

Thence North  $85^{\circ}49'46''$  West, 210 Feet more or less, to the Easterly bank of the Skagit River;

Thence Southwesterly along said Easterly bank, 10 Feet more or less, to the Southerly line of said Lot 2;

Thence Easterly along the south line of said Lot 2, 215 Feet more or less, to the point of beginning.

Situate within the County of Skagit, State of Washington.

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-054515

DATE ISSUED: 12/13/2018

FEE NUMBER: 1706332

FIRST AND MIDDLE NAME(S): PAUL NATHAN  
LAST NAME(S): MARKS

COUNTY OF DEATH: KING

DATE OF DEATH: DECEMBER 09, 2018

HOUR OF DEATH: 12:01 AM

SEX: MALE

AGE: 51 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: CHICO, CA

MARITAL STATUS: MARRIED

SPOUSE: KARYN CLARK

OCCUPATION: MANAGER

INDUSTRY: HOSPITALITY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DEBRA WOOD

RELATIONSHIP: FRIEND

ADDRESS: 438 BEEF CREEK LN NW, SEABECK WA 98380

CAUSE OF DEATH:

A: POSITIONAL ASPHYXIA

INTERVAL: SECONDS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSIVE AND  
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

DATE OF INJURY: DECEMBER 09, 2018

HOUR OF INJURY: 08:50 PM

INJURY AT WORK: NO

PLACE OF INJURY: OUTDOORS AT RESIDENCE

LOCATION OF INJURY: 9518 3RD AVE NW

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98117

COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: BECAME INVERTED IN SUMP PUMP  
WELL WHILE MAKING REPAIRS

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 9518 3RD AVE NW

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98117

RESIDENCE STREET: 9518 3RD AVE NW

CITY, STATE, ZIP: SEATTLE, WA 98117-2109

INSIDE CITY LIMITS: YES

COUNTY: KING

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: ROB MARKS

MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: DECEMBER 12, 2018

FUNERAL FACILITY: ELEMENTAL CREMATION &amp; BURIAL - BELLEVUE

ADDRESS: 10900 NE 8TH STREET STE 1000

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004

FUNERAL DIRECTOR: JESSICA KRIET

MANNER OF DEATH: ACCIDENT

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: TIMOTHY L. WILLIAMS, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER

CITY, STATE, ZIP: SEATTLE, WA 98104

DATE SIGNED: DECEMBER 10, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 18-2400

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: DECEMBER 12, 2018



# 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: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal 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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct**

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

**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.
- Documentary proof must be five or more years old or established within five years of birth.

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

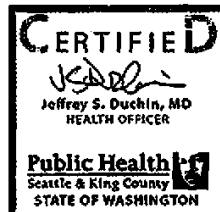
**Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH-422-034 October 2015



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



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