

After recording, return to:

**Bruce C. Solwold**  
877 Farmington Dr  
Burlington, WA 98233

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20224707  
Date 11/28/2022

Grantor (Name of Decedent): **Barbara L. Solwold**  
Grantee (Heirs): **Bruce C. Solwold, Becki Solwold, Brad Solwold**  
Abbreviated Legal Description: **Unit 35, Farmington Sq Condominium, according to the declaration thereof recorded Jan 28, 2004, under auditor's file no 200401280083 records of Skagit County, WA**  
Tax Parcel No(s): **P121280**

### INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA )

SS:

COUNTY OF Skagit )

The undersigned, BRUCE C. SOLWOLD, executes this affidavit relating to the estate of BARBARA L. SOLWOLD (herein "Decedent"), who died on NOV. 17, 2020, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of BURLINGTON, County of SKAGIT, State of WASHINGTON. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

#### Relationship of the Affiant to the Decedent

2. The undersigned 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

BECKI SOLWOLD, BRAD SOLWOLD

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]]

Name & relationship BECKI SOLWOLD, DAUGHTER

Name & relationship BRAD SOLWOLD, SON

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

**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:

[INSERT a complete legal description, or refer to attachment for full legal description]

877 FARMINGTON DRIVE, BURLINGTON, WA 98233

**5. Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

DATED: JANUARY 25, 20 2021

Bruce C. Solwold  
(Signature)

BRUCE C. SOLWOLD

(Print or type full name)

877 FARMINGTON DRIVE, BURLINGTON, WA 98233 360-757-4411  
(Full address and telephone number)

State of Washington  
County of Skagit

SUBSCRIBED and SWORN TO before me this 25 day of January, 20 21  
by Bruce C. Solwold, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Celia Reyes  
Notary Public in and for the State of Washington  
residing at Burlington





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-053508

DATE ISSUED: 11/19/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BARBARA LEANN  
LAST NAME(S): SOLWOLD

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 17, 2020  
HOUR OF DEATH: 06:45 AM  
SEX: FEMALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: JUNE 24, 1947  
BIRTHPLACE: BURLINGTON, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BRUCE SOLWOLD

OCCUPATION: COOK  
INDUSTRY: SCHOOL DISTRICT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: BRUCE SOLWOLD  
RELATIONSHIP: HUSBAND  
ADDRESS: 877 FARMINGTON DRIVE, BURLINGTON, WA 98233

CAUSE OF DEATH:  
A: EPITHELIOID CARCINOMA OF THE STOMACH WITH PERITONEAL CARCINOMATOSIS  
INTERVAL: 2 WEEKS  
B: 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: HOME  
FACILITY OR ADDRESS: 877 FARMINGTON DRIVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 877 FARMINGTON DRIVE  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: LLOYD HOWARD EDSON  
MOTHER: NORMA JOYCE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: NOVEMBER 20, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98294  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: NOVEMBER 17, 2020

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: NOVEMBER 18, 2020



## Affidavit for Correction

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

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

State File Number \_\_\_\_\_ Fee Number \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Affidavit Number \_\_\_\_\_

<b>Record Type:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)	
<b>1. Name on Record:</b> First _____ Middle _____ Last _____	
<b>2. Date of Event:</b> MM/DD/YYYY _____	
<b>3. Place of Event:</b> (City or County) _____	
<b>4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution):</b> First _____ Middle _____ Last/Maiden _____	
<b>5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution):</b> First _____ Middle _____ Last/Maiden _____	
<b>6. Name of Person Requesting Correction:</b> _____	
Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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: \_\_\_\_\_

<b>Use the section below for requesting any changes on the record. The record it replaces is:</b>	
<b>The record currently shows:</b>	<b>The true fact is:</b>
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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](http://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 Acknowledgment of Parentage form, last name can be changed once to either parent's 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.



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

# \*CERTIFIED\*

NOV 19 2020

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



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EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): P121280

Land situated in the County of Skagit in the State of WA

UNIT 35, FARMINGTON SQUARE CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED JANUARY 28, 2004, UNDER AUDITOR'S FILE NO. 200401280083, AND SURVEY MAP AND PLANS THEREOF RECORDED JANUARY 28, 2004, UNDER AUDITOR'S FILE NO. 200401280084, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Commonly known as: 877 Farmington Dr, Burlington, WA 98233-4041