

After Recording, please return to:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
207794-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 01/09/2023

Document Title(s): Lack of Probate Affidavit
Reference Number(s) of Documents assigned or released: (on page __ of document(s))
Grantor(s): The Estate of Robert L. Wertz
Additional Names on page of document.
Grantee(s): Marie E. Wertz
Additional Names on page of document.
Abbreviated Legal Description: Unit 1, Building Tract 88, 'Creekside Condo.'
Additional legal is on page of document.
Tax Parcel Number(s): 4740-088-001-0000/ P116176

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AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Marie E. Wertz, 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 Robert L. Wertz,
Relationship to decedent *Decedent/Grantor*

who died on December 23, 2021 at
Date

Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Unit 1, Building Tract 88, 'Creekside Condo.'

Assessor's Property Tax Parcel/Account Number: 4740-038-001-0000/ P116176
(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)

Marie E. Weltz, 90, Surviving Spouse

649 East Sharon Avenue, Burlington, WA 98233
Full name, age, relationship, address

MARK E WELTZ, SON 64

649 EAST SHARON AVENUE, BURLINGTON, WA 98233
Full name, age, relationship, address

TIMOTHY B. WELTZ, SON 68

Kenmore, WA
Full name, age, relationship, address

Full name, age, relationship, address

Dated: 1/5/2023

Marie E. Wetz
Affiant's full name

(360) 631-9075
Telephone number

649 East Sharon Avenue

Street

Burlington WA 98233

City

State

Zip Code

Marie E. Wetz, AIF
Signature

1/5/2023
Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 5th day of January, 2023 by Mark E. Wetz for Marie E. Wetz as Attorney In Fact.

[Signature]
Signature

Notary Public
Title

My appointment expires: Aug. 10, 2025



Legal Description

Unit 1, Building Tract 88, "CREEKSIDE CONDOMINIUM," according to Declaration thereof recorded under Auditor's File No. 199911020015 and Survey Map and Plans thereof recorded under Auditor's File No. 199911020014, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-067651

DATE ISSUED: 04/12/2022
FEE NUMBER: 310122

FIRST AND MIDDLE NAME(S): ROBERT LOUIS
LAST NAME(S): WELTZ

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 23, 2021
HOUR OF DEATH: 12:00 PM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTH PLACE: SAN JOSE, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARIE DOLORES ERICKSON

OCCUPATION: PASTOR
INDUSTRY: CHRISTIAN MINISTRY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: MARIE D WELTZ
RELATIONSHIP: WIFE
ADDRESS: 1303 MADDOX CREEK ROAD UNIT 1, MOUNT VERNON WA

CAUSE OF DEATH:
A: PROBABLY ASPIRATION PNEUMONIA
INTERVAL: 4 WEEKS
B: DYSPHAGIA OF UNKNOWN CAUSE, PROBABLY PRESBYESOPHAGUS
INTERVAL: MONTHS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SINUS BRADYCARDIA,
PANCYTOPENIA, RENAL CELL CARCINOMA

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: 1303 MADDOX CREEK ROAD UNIT 1
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1303 MADDOX CREEK ROAD UNIT 1
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: ALBERT AUGUST WELTZ
MOTHER:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 06, 2022

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: MIA T. KEYS

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, WASHINGTON 98273
DATE SIGNED: DECEMBER 29, 2021

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

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: JANUARY 06, 2022



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 OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	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:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth 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 <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:			
	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 foregoing is true and correct.

14a. Signature:		14b. Signature of 2 nd 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

- 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.



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



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LAST WILL & TESTAMENT
of
ROBERT LOUIS WELTZ

I, ROBERT LOUIS WELTZ, of legal age, residing at Mount Vernon, Skagit County, Washington, do make, publish and declare this my Last Will and Testament and do hereby expressly revoke all other former Wills and Codicils to Wills made by me.

ARTICLE I.
Identification of Family

I hereby declare that I am a married man; that my wife's name is Marie Dolores Weltz; and that we have three children, namely Timothy Blaine Weltz, born September 21, 1954; Mark Eric Weltz, born August 8, 1958; and Laurie Jean Weltz, born August 28, 1959. I further declare that I have two grandchildren, namely Rebekka Weltz and Kecia Weltz. I have no other children, living or dead, as of date of this Will. All references to "my children" or "children of mine" shall include the aforesaid children. Except as herein provided, I intend to make no provision for any relative or child of mine who may survive me. If any person who, if I died intestate, would be entitled to any part of my estate, shall either directly or indirectly, alone or in conjunction with any other person, claim, in spite of my Last Will and Testament, an intestate share of my estate, I give that person ONE DOLLAR (\$1.00) and no more, in lieu of any other share or interest in my estate.

ARTICLE II.
Personal Representative

I hereby nominate and appoint my beloved wife, Marie D. Weltz, as Personal Representative of this my Last Will and Testament. In the event she is unable or unwilling to serve as Personal

(Initials)

Representative, I nominate and appoint my son, Mark E. Weltz. In the event Mark E. Weltz is unable or unwilling to serve, I nominate and appoint my son, Timothy B. Weltz, to serve.

ARTICLE III.
Devises and Bequests

A. I give, devise and bequeath to my beloved wife, Marie D. Weltz, all of the property owned by me, whether real, or personal, or mixed, and regardless of where it is located. I make no provision for my children, leaving the matter of providing for said children to my wife, knowing that she has named them in her Last Will and Testament, and will deal justly with them; however, this provision shall not be construed as being contractual in nature.

B. In the event I should survive my said wife or should we both die in a common disaster under such circumstances that the order of our deaths will be subject to doubt, or if my said wife should die within ninety (90) days after my death, then, and in any of such events, I give, devise and bequeath my estate as follows:

1. If there is in existence at the time of my death a statement which I have signed containing a list of tangible personal property and the names of persons or organizations to receive that property, I direct the Personal Representative to distribute such property to the designated recipients. This provision shall have no effect if such statement is not located within sixty (60) days of the appointment of the Personal Representative of my estate.

2. I give all of the rest, residue and remainder of my estate, real, personal and mixed and howsoever held and wheresoever situate, as follows:

To my son, Timothy B. Weltz, I give one-third of the residue of my estate;

To my son, Mark E. Weltz, I give one-third of the residue of my estate;

To my granddaughter, Rebekka Weltz, I give one-sixth of the residue of my estate; and

To my granddaughter, Kecia Weltz, I give one-sixth of the residue of my estate.

If one or more of my beneficiaries named in this Article III(B)(2) shall predecease me, then the deceased beneficiary's share shall be distributed to his or her issue by right of representation. If one or more of my beneficiaries named herein shall predecease me without leaving issue, then their share shall lapse and pass to the remaining beneficiaries named herein above.

ARTICLE IV.

Disposition of Remains

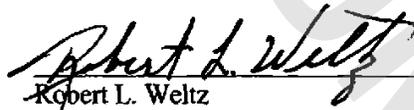
I hereby direct that my body be cremated without undue ceremony or elaborate services, but with due regard to my station in life and the circumstances of my estate.

ARTICLE V.

Non Intervention Powers

I hereby give and confer full power upon my Personal Representative to grant, bargain, sell, convey, deed, mortgage and liquidate any and all real personal property and to discharge mortgages belonging to my estate as may seem wise and proper in carrying out the provisions of this my Last Will and Testament and to do such acts without the necessity of applying to the Court for an order to do so or for confirmation thereof. I further direct that my estate shall be settled in the manner herein provided without the intervention of any court, all in compliance with the laws of the state of Washington relating to nonintervention Wills. I direct that no Personal Representative, Trustee or Guardian named herein shall be required to furnish bond.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on August 21, 2020.


Robert L. Weltz

State of Washington)
)ss
County of Skagit)

The undersigned witnesses, after being sworn on oath, each states:

1. I am at least 18 years of age and am a competent witness.
2. Each of the witnesses hereto and the Notary Public taking this Affidavit are known to me to be at least 18 years of age and competent witnesses herein.
3. On this day the testator of the foregoing Will is known to me to be, and appears to be:
 - (a) At least 18 years of age;
 - (b) Aware of the nature and extent of his property;
 - (c) Aware of the natural objects of his bounty;
 - (d) Competent to make a plan for testamentary disposition of his property;
 - (e) Aware that he is by this action making a Last Will and Testament;
 - (f) Of sound and disposing mind and memory;
 - (g) Not acting under duress, menace, fraud, undue influence or misrepresentation of any nature whatsoever.

4. The foregoing instrument, consisting of four pages, including this Affidavit, was on the date hereof signed and published by Robert L. Weltz, and declared by him to be his Last Will and Testament. He requested at the time of executing said instrument that we act as witnesses hereto, and that we execute this Affidavit. The foregoing signature, declaration and request of testator were made in our presence and we signed our names to this Affidavit on August 21, 2020.

Shanna R. Smith
(Signature of Witness)

Piper Lee Eger
(Signature of Witness)

Signed and sworn to (or affirmed) before me on August 21, 2020, by Shanna R. Smith and Piper Lee Eger



Michael A. Winslow
Michael A. Winslow, Notary Public
My commission expires 1-6-24