

Return Address:

SASH Inc.

6811 S 204th St Ste 395

Kent, WA 98032

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/10/2023**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Kathleen H. Wilkes Pierce being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Wife
Relationship to decedentof Clark M. Pierce who died on 5/16/2022
Decedent/Grantor Dateat Skagit WA
City County State**REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)****Abbreviated Legal Descriptions:**Lot 109 Cedar Heights PUD Phase 1**Assessor's Property Tax Parcel/Account Numbers: (List All)**P125805

(Attach full legal description(s) of the property)

☒ Decedent left no Last Will and Testament and no Community Property Agreement; or☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or☐ Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or☐ Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 885,000 of which approximately \$ 206,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (X) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: February 7, 2023
Kathleen Helen Wilkes - Pierce (904) 229-4168
Affiant's full name Telephone number
241 Shantel St. Mount Vernon, WA 98274
Street City State Zip Code

State of Washington County of Skagit

I know or have satisfactory evidence that Kathleen H. Wilkes - Pierce
(Name of Person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: February 7, 2023 Rashad Washington
Signature of Notary Public

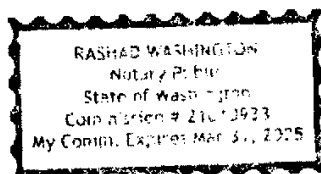
(SEAL OR STAMP)

Residing at Lynnwood, WA

Notary Public in and for the State of Washington

My appointment expires: March 31, 2025

(Based on REV 84 0017 (1/3/17))



The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Kathleen H. Wilkes-Pierce (75)			
Full name, age and relationship			
241	Shantel St.	Mt. Vernon WA	98274
Address	City	State	Zip
Taylor E Wilkes-Pierce (40)			
Full name, age and relationship			
1106	NW 56th St	Seattle, WA	98107
Address	City	State	Zip
Roderrick Pierce 75			
Full name, age and relationship			
1428	N. Cromwell Ct	Springfield MO	65802
Address	City	State	Zip
Scott D. Pierce (65)			
Full name, age and relationship			
816	Lake Dr	Snellville, GA	30039
Address	City	State	Zip
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			

(Attach more sheets if necessary)

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-025699

DATE ISSUED: 05/29/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CLARK MERTON
LAST NAME(S): PIERCE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 16, 2022
HOUR OF DEATH: 11:15 AM
SEX: MALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BALTIMORE, MD

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KATHLEEN WILKES

OCCUPATION: EDITOR
INDUSTRY: NEWSPAPER
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: KATHLEEN WILKES-PIERCE
RELATIONSHIP: WIFE
ADDRESS: 241 SHANTEL ST., MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: LEWY BODY DEMENTIA
INTERVAL: 5 YEARS
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: OTHER
FACILITY OR ADDRESS: 210 N. SKAGIT ST.
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 241 SHANTEL ST.
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: JOHN BUTTON PIERCE
MOTHER: LOIS ELIZABETH [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 20, 2022

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DAVID LUKOV

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: MAY 18, 2022

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

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: MAY 19, 2022

Affidavit for Correction

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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
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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)
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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 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:

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 2nd 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

MAY 20 2022



Skagit County Health Department

