

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
208351-LT

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20235808
Date 03/15/2023

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Edward J. Sturgeon 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

Husband of Beverly A. Sturgeon
Relationship to decedent *Decedent/Grantor Name*

who died on 5-16-2021 at
Date

MT. VERMONT SKAGIT WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lots 6 and 7, ptn Lot 8, Blk 7, Kellogg & Ford's Add. (aka Tr. 2, Blk 7, Survey #877715)

Assessor's Property Tax Parcel/Account Number: 3800-007-008-0003/P57715
(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)

EDWARD J. STURGEON
HUSBAND 2304-30TH ST.
Full name, age, relationship, address
ANACORTES, WASHINGTON
98221

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: 3-9-23

Edward J. Sturgeon
Affiant's full name

360-202-3561
Telephone number

2309 30th St
Street

Anacortes Washington 98221
City State Zip Code

Edward J. Sturgeon 03-09-2023
Signature Date

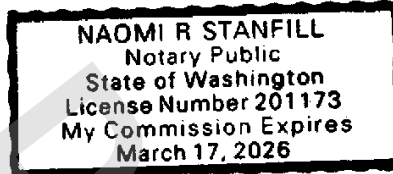
STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 9th day of March, 2023 by
Edward J. Sturgeon

Naomi R. Stanfill
Signature

Notary
Title

My appointment expires: March 17, 2026



Legal Description

Lots 6 and 7 and the West 1/2 of Lot 8, Block 7, "KELLOGG & FORD'S ADDITION TO ANACORTES, WASHINGTON," as per plat recorded in Volume 1 of Plats, page 41, records of Skagit County, Washington; also known as Tract 2, Block 7 of that Survey dated April 17, 1978 and recorded April 18, 1978, under Auditor's File No 877715 in Volume 2 of Surveys, page 90, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-023575

DATE ISSUED: 05/20/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BEVERLY ANN

LAST NAME(S): STURGEON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 16, 2021

HOUR OF DEATH: 08:05 AM

SEX: FEMALE

AGE: 66 YEARS

SOCIAL SECURITY NUMBER:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF MOUNT VERNON
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 2309 - 30TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 41 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: NATIVE AMERICAN: MUSCOGEE CREEK NATION

BIRTH DATE:

BIRTH PLACE: SAN FRANCISCO, CA

FATHER: FRANK EDWARD KAMP

MOTHER:

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: EDWARD JAMES STURGEON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: BUSINESS OWNER

INDUSTRY: BEAUTY SALON

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MAY 19, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

INFORMANT: EDWARD J STURGEON

RELATIONSHIP: HUSBAND

ADDRESS: 2309 - 30TH STREET, ANACORTES, WA 98221

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:

A: END-STAGE CIRRHOSIS OF THE LIVER WITH ASCITES

INTERVAL: MORE THAN 2 YEARS

B: ALCOHOL ABUSE

INTERVAL: MANY YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: GILSON R. GIROTTO, DO

TITLE: DO

CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

DATE SIGNED: MAY 18, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: MAY 19, 2021



Affidavit for Correction

03/15/2023 10:59 AM Page 6 of 6

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	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: <u>La</u>		2. Date of Event: <u>1/1/21</u>	3. Place of Event: <u>(City)</u>
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) <u>Last/Initial: K</u>		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: <u>City</u>			
Telephone Number: <u>()</u>		Email Address: <u></u>		

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. <u></u>	9. <u></u>
10. <u></u>	11. <u></u>
12. <u></u>	13. <u></u>

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

14a. Signature: <u></u>	14b. Signature of 2nd parent (if required): <u></u>
Printed name: <u></u> Date: <u></u>	Printed name: <u></u> Date: <u></u>

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 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.

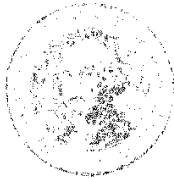
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- 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 names, 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.

CERTIFIED

MAY 20 2021

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



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