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Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY *Berna Thompson*  
DATE *4.14.23*

DOCUMENT TITLE(S):

AFFIDAVIT OF SURVIVING SPOUSE  
FOR LACK OF PROBATE AND CLAIM  
OF EXEMPTION BASED UPON  
INHERITANCE OF REAL ESTATE

REFERENCE NUMBER(S):

N/A

GRANTOR:

BILLIE JO CAMPBELL

GRANTEE:

PUBLIC

ASSESSOR'S PARCEL NUMBER(S):

P44188 (350824-1-006-0005);  
P44189 (350824-1-006-0104);  
P44190 (350824-1-006-0203);  
P44192 (350824-1-006-0401);  
P70052 (4032-003-001-0007);  
P70054 (4032-003-005-0011)

ABBREVIATED LEGAL DESCRIPTION(S):

P44188 (350824-1-006-0005); P44189 (350824-1-006-0104); P44190 (350824-1-006-0203); P44192 (350824-1-006-0401): Portion of Section 24, Township 35 North, Range 8 East of the Willamette Meridian. Including Manufactured Home, 2006 Skyline, 60 x 30.

P70052 (4032-003-001-0007): Lot 1, Blk 3, Thunderbird Lane.

P70054 (4032-003-005-0011): Lots 2-5, Blk 3, Thunderbird Lane.

**AFFIDAVIT OF SURVIVING SPOUSE  
FOR LACK OF PROBATE AND  
CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON        )  
                                          ) ss.  
COUNTY OF SKAGIT         )

BILLIE JO CAMPBELL, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of DOUGLAS GEORGE CAMPBELL, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the real property located in Skagit County, Washington, commonly known as 9265 Thunderbird Lane, Concrete, Washington, and legally described as set forth on Exhibit "A" attached hereto and incorporated herein by this reference.

SECOND, I am the surviving spouse of DOUGLAS GEORGE CAMPBELL and we owned this property as husband and wife.

THIRD, that said Decedent passed away on January 23, 2023, in Skagit County, State of Washington. Decedent's original/certified Death Certificate is recorded separately, with a copy attached hereto as Exhibit "B" and incorporated herein by this reference.

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditors of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
BILLIE JO CAMPBELL 9265 Thunderbird Lane Concrete, WA 98237	Spouse	Legal
CINDY FITZSIMMONS 1519 Willow Place Wenatchee, WA 98801	Daughter	Legal
DAVID CAMPBELL 8160 NE Seawind Avenue Poulsbo, WA 98370	Son	Legal
SCOTT CAMPBELL 3188 Glacier Lane Camano Island, WA 98282	Son	Legal
CHARLES M. PEARSON 2530 87th Avenue NE Lake Stevens, WA 98258	Stepson	Legal

EIGHTH, I, BILLIE JO CAMPBELL, affirm that I am the sole and rightful heir to the property legally described above.

NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(h).

DATED this 3<sup>rd</sup> day of April, 2023.

Billie Jo Campbell  
BILLIE JO CAMPBELL

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that BILLIE JO CAMPBELL is the individual who appeared before me and said individual acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 3<sup>rd</sup> day of April, 2023.



LAWRENCE A. PIRKLE

A handwritten signature in black ink, appearing to be "LAP", written over a horizontal line.

NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 5/7/23

EXHIBIT "A"

**Assessor's Parcel Numbers: P44188 (350824-1-006-0005); P44189 (350824-1-006-0104);  
P44190 (350824-1-006-0203); P44192 (350824-1-006-0401)**

## Parcel A:

That portion of Section 24, Township 35 North, Range 8 East of the Willamette Meridian, described as follows:

Commencing at the Northeast corner of the Southwest Quarter of the Northeast Quarter of said Section 24;

Thence South  $1^{\circ}11'30''$  West, 8.5 feet;

Thence South  $59^{\circ}05'$  West, 431.76 feet;

Thence South  $89^{\circ}52'$  West, 604.38 feet;

Thence South  $76^{\circ}44'$  West, 508.8 feet to the true point of beginning;

Thence South  $1^{\circ}11'30''$  West, 1,614.93 feet;

Thence North  $79^{\circ}48'$  West, 228.92 feet;

Thence North  $10^{\circ}12'$  East, 160.00 feet;

Thence North  $79^{\circ}48'$  West, 137.16 feet;

Thence North  $76^{\circ}12'$  West 532.88 feet;

Thence North  $0^{\circ}04'$  East, 1,057.26 feet;

Thence North  $76^{\circ}44'$  East, 906.00 feet to the true point of beginning.

Also known as Tract A of Survey recorded under Auditor's File No. 8312080024, records of Skagit County, Washington.

Including Manufactured Home, 2006 Skyline, 60 x 30.

Situated in Skagit County, Washington.

## PARCEL B:

That portion of Section 24, Township 35 North, Range 8 East of the Willamette Meridian, described as follows:

Commencing at the Northeast corner of the Southwest Quarter of the Northeast Quarter of said Section;

Thence South  $59^{\circ}05'$  West 431.76 feet;

Lack of Probate Affidavit - Page 4

Thence South 89°52' West, 564.38 feet to the true point of beginning;  
Thence South 89°52' West, 40.00 feet;  
Thence South 76°44' West, 508.8 feet;  
Thence South 1°11'30" West, 1,694.94 feet;  
Thence South 79°49' East, 504.00 feet;  
Thence South 81°00'30" East 25.23 feet, to a point that bears South 1°11'30" West from the point of beginning;  
Thence North 1°11'30" East 1,821.65 feet to the true point of beginning.

Situated in Skagit County, Washington.

Also known as Tract B of Survey recorded under Auditor's File No. 8312080024, records of Skagit County, Washington.

Situated in Skagit County, Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any.

**Assessor's Parcel Number: P70052 (4032-003-001-0007)**

Lot 1, Block 3, "THUNDERBIRD LANE," as per plat recorded in Volume 8 of Plats, pages 76 and 77, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any.

**Assessor's Parcel Number: P70054 (4032-003-005-0011)**

Lots 2, 3, 4 and 5, Block 3, "THUNDERBIRD LANE," as per plat recorded in Volume 8 of Plats, pages 76 and 77, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-003086

DATE ISSUED: 01/24/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOUGLAS GEORGE  
LAST NAME(S): CAMPBELL

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 23, 2023  
HOUR OF DEATH: 01:30 AM  
SEX: MALE AGE: 77 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 9265 THUNDERBIRD LANE  
CITY, STATE, ZIP: CONCRETE, WA 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELLINGHAM, WA

FATHER: LLOYD CAMPBELL  
MOTHER: LOIS [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BILLIE HOLLIS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: TECHNICIAN  
INDUSTRY: TELECOMMUNICATIONS  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JANUARY 24, 2023

INFORMANT: BILLIE CAMPBELL  
RELATIONSHIP: WIFE  
ADDRESS: 9265 THUNDERBIRD LANE CONCRETE, WA 98237

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: LUNG CANCER STAGE 4  
INTERVAL: TWO MONTHS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: EDUARDO GOO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
DATE SIGNED: JANUARY 23, 2023

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: MARIA VIVANCO  
DATE RECEIVED: JANUARY 23, 2023



# 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

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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: PO Box or Street Address City State Zip				
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 forgoing is true and correct.

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

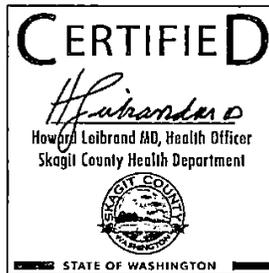
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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