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05/15/2023 04:01 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

When Recorded Please Return To:

BAILEY, DUSKIN & PEIFFLE, P.S.
P.O. BOX 188
ARLINGTON, WA 98223

Our File No: 7528-2

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2023-6487
MAY 15 2023

Amount Paid \$ 
By  Skagit Co. Treasurer Deputy

Document Title(s) (or transactions contained therein):

AFFIDAVIT (LACK OF PROBATE)

Grantor(s) (Last name first, then first name and initials)

JOSLIN, CARY RICHARD

Grantee(s) (Last name first, then first name and initials)

JOSLIN, DEBRA A.

Legal Description (abbreviated i.e. lot, block, plat or section, township, range, qtr./qtr.)

PTN BLOCK 23, WEST ADD CLEAR LAKE

Reference Number(s) of Documents assigned or released:

N/A

Assessor's Property Tax Parcel/Account Number

P75079 / 4144-023-009-0109

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information

Return Address:

Bailey, Duskin, Peiffle & Martin, P.S.
P.O. Box 188
Arlington, WA 98223

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2023-6487
MAY 15 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By *SHB* Deputy

AFFIDAVIT (LACK OF PROBATE)

DEBRA A. JOSLIN, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is the wife of CARY RICHARD JOSLIN (decedent) who died on April 17, 2023 at Mount Vernon, Skagit County, Washington.

A CERTIFIED COPY OF THE DEATH CERTIFICATE IS ATTACHED.

REGARDING DISPOSITION OF REAL PROPERTY:

The following is the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

23357 Pringle Street, Clear Lake, WA 98235

Legal Description:

Those portions of Lots 2, 3, 4, 5, 6, 7, 8 and 9 of Block 23 of the Plat of West Addition Clear Lake, Washington, as recorded in Volume 4 of plats at page 32, records of Skagit County, Washington described as follows:

Beginning at the Southeast corner of said Lot 2; thence North 00°09'24" East along the East line of said Lot 2 and the East line of said Lot 9, a distance of 187.38 feet to the Northeast corner of the South 15.00 feet of said Lot 9; thence North 89°46'43" West along the North line of said South 15.00 feet and its extension, a distance of 248.09 feet; thence South 00°20'14" West, a distance of 187.73 feet to the North line of Pringle Street; thence South 89°51'31" East along the North line of Pringle Street, a distance of 248.69 feet to the point of beginning of this description.

AFFIDAVIT (LACK OF PROBATE)
(7528-2 BEN/lw)

(Also known as Lot A of Boundary Line Adjustment Survey recorded under Auditor's File No. 200710300026, records of Skagit County, Washington)

Situate in Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: P75079 / 4144-023-009-0109

Decedent did not leave a Last Will and Testament.

"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)

Name: Debra A. Joslin
Age: L
Relationship: Wife
Address: 23357 Pringle Street
Clearlake, WA 98235

Name: SueAnn Carlson
Age: L
Relationship: Daughter
Address: 6718 20th Drive NE
Tulalip, WA 98271

Name: Richard Joslin
Age: L
Relationship: Son
Address: 19816 51st Drive NE
Arlington, WA 98223

Name: David Joslin
Age: L
Relationship: Son
Address: 19816 51st Drive NE
Arlington, WA 98223

Name: Michael Joslin
Age: L
Relationship: Son
Address: 7930 272nd St. SW
Stanwood, WA 98292

AFFIDAVIT (LACK OF PROBATE)
(7528-2 BEN/lw)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-021628

DATE ISSUED: 05/10/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CARY RICHARD
LAST NAME(S): JOSLIN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 17, 2023

HOUR OF DEATH: 10:14 PM

SEX: MALE AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: KANSAS CITY, MO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DEBRA ANNE LUSE

OCCUPATION: CLERK

INDUSTRY: AEROSPACE

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: DEBRA ANNE JOSLIN

RELATIONSHIP: SPOUSE

ADDRESS: 19816 51ST DRIVE NE ARLINGTON, WA 98223

CAUSE OF DEATH:

A: CLOSTRIDIUM DIFFICILE COLITIS

INTERVAL: 7 DAYS

B: NEUTROPENIA

INTERVAL: 7 DAYS

C: CHEMOTHERAPY

INTERVAL: 14 DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TONGUE CANCER

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 19816 51ST DRIVE NE

CITY, STATE, ZIP: ARLINGTON, WA 98223

INSIDE CITY LIMITS: YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: CHESTER R JOSLIN

MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: MAY 03, 2023

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: JOHN E. VAN DE WATER

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: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MAY 02, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ALLEN JOHNSON, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MAY 03, 2023

Affidavit for Correction

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Mail to: Center for Health Statistics
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	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: 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 <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: 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:	14b. Signature of 2 nd 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

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.
- *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.

Adult (18 years or older)

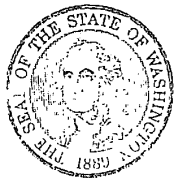
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

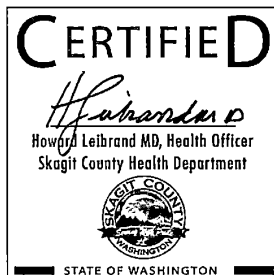
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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