



202306130023

06/13/2023 10:54 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Angela A. Sciglibaglio

3420 Marion Way

Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 6876

JUN 13 2023

Amount Paid \$ 0
By Skagit Co. Treasurer
Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Angela A. Sciglibaglio, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is The Domestic Partner

Relationship to decedent

of Stephen J. Abbott, who died on 05/03/2023
Decedent/Grantor *Date*

at Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 29, "CEDAR GLEN PLAT PHASE II," as per plat recorded on November 13,
2003, under Auditor's File No. 200311130098, records of Skagit County,
Washington.

Situate in the County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: P121000/4825-000-029-0000
(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)

(Page 1 of 1)

Kingfisher Ferry Ave, Staines-Upon-Thames TW18 3LP UK

Eric Abbott (brother) 71

Full name, age, relationship, address

160 The Street, Capel NR Dorking RH55EP England

Tina Stubbs (sister) 73

Full name, age, relationship, address

35452 Ambrosia Dr, Winchester, CA 92596

Emma Dowdy (daughter) 50

Full name, age, relationship, address

Hill Farm Barn, Birch Way Mundham NR14 6EN England

Rachel Hall (daughter) 47

Full name, age, relationship, address

9907 Silver Sound Lane Silverdale WA 98383

Ryan Abbott (son) 30

Full name, age, relationship, address

9907 Silver Sound Lane Silverdale WA 98383

Megan Abbott (daughter) 28

Full name, age, relationship, address

Angela Ann Sciglibaglio 58 Reg Domestic Partner
3420 Marion Way Anacortes WA 98221

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 06/12/2023

Angela A. Scigliabaglio

Affiant's full name

360-440-7877

Telephone number

3420 Marion Way

| | | |
|-----------|--------------|----------|
| Anacortes | Street WA | 98221 |
| City | State | Zip Code |
| Angela | Signature | 6-12-23 |
| | | Date |

State of: Washington County of SkagitI know or have satisfactory evidence that Angela A. Scigliabaglio
(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: 6 / 12 / 2023(SEAL OR
STAMP)

Signature of Notary Public

Residing at: AnacortesNotary Public in and for the State of WAMy appointment expires: 10 / 13 / 2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-022196

DATE ISSUED: 05/05/2023
FEE NUMBER:FIRST AND MIDDLE NAME(S): STEPHEN JOHN
LAST NAME(S): ABBOTTCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 03, 2023
HOUR OF DEATH: 04:42 PM
SEX: MALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: LONDON UNITED KINGDOMMARITAL STATUS: DOMESTIC PARTNER
SURVIVING SPOUSE: ANGELA ANN SCIGLIBAGLIOOCCUPATION: SCHOOL BUS DRIVER
INDUSTRY: TRANSPORTATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: ANGELA A SCIGLIBAGLIO
RELATIONSHIP: DOMESTIC PARTNER
ADDRESS: 3420 MARION WAY, ANACORTES, WA 98221CAUSE OF DEATH:
A: UNSPECIFIED NATURAL CAUSES
INTERVAL: MINUTES
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES MELLITUS TYPE 2,
HYPERTENSION, HYPERLIPIDEMIADATE 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: 3420 MARION WAY
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 3420 MARION WAY
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER: CECIL ARTHUR EDWARD ABBOTT
MOTHER: WINIFRED [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MAY 08, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: JOHN R. MATHIS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: MAY 05, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 230504-14
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MAY 05, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

**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 |
|-------------------|------------|----------|------|------------------|

| | | | | |
|-----------------|---|--|---|--|
| 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 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: | 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

- 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

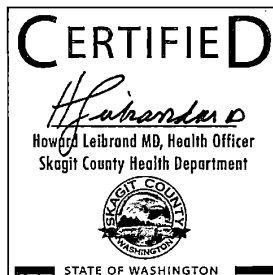
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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