



202307130090

07/13/2023 02:46 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

CRAIG NEWELL
19027 44TH AVE NE
ARLINGTON, WA 98223-4780

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 7250
JUL 13 2023

Amount \$ 0
Skagit
By JA Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee RUTH M. NEWELL, 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 SURVIVING SPOUSE

Relationship to decedent

of RONALD V. NEWELL, who died on JUNE 13, 2023

Decedent/Grantor

Date

at MT. VERNON SKAGIT COUNTY WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Unit 1, Building 2, "MADDOX HIGHLANDS CONDOMINIUM II", (a condominium) according to Declaration there of recorded August 5, 2002, under Auditor's File No. 200208050149, records of Skagit County, Washington and Amended Survey Map and Plans thereof recorded under Auditor's File No. 200208050148, records of Skagit County, Washington; being a portion of Lots B-13 and B-14, "MADDOX CREEK P.U.D. Phase 3", according to the plat thereof, recorded August 14, 2000, under Auditor's File No. 200008140137, records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: 4798-002-001-0000 P119424

(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 3)

CRAIG NEWELL, 19027 44TH AVE NE, ARLINGTON, WA 98223-4780

61 YEAR OLD ADULT SURVIVNG CHILD

Full name, age, relationship, address

CURT NEWELL, 10761 HUNTER MOUNTAIN AVE, LAS VEGAS, NV 89129

63 YEAR OLD ADULT SURVIVING CHILD

Full name, age, relationship, address

Ruth Newell, 1408 Lindsay Loop Road Unit #1

Mt Vernon, WA 98274, 84 year old adult, surviving spouse

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 : JULY 11, 2023RUTH MARIE NEWELL

Affiant's full name

Telephone number

19027 44TH AVE NEARLINGTON

City

WASHINGTON

State

98223-4780

Zip Code

Ruth Marie Newell

Signature

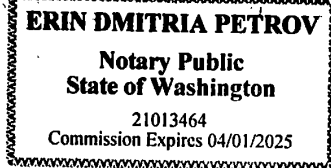
7.11.2023

Date

State of WASHINGTONCounty of WHATCOMI know or have satisfactory evidence that RUTH M. NEWELL

(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: 7 / 11 / 2023(SEAL OR
STAMP)

A handwritten signature of the Notary Public, Erin Dmitria Petrov, written in dark ink over a horizontal line.

Signature of Notary Public

Residing at: BELLINGHAMNotary Public in and for the State of WashingtonMy appointment expires: 4-1-2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-028955

DATE ISSUED: 06/15/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RONALD V.

LAST NAME(S): NEWELL

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 13, 2023

HOUR OF DEATH: 11:21 AM

SEX: MALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MORTON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RUTH WILBER

OCCUPATION: MANAGER

INDUSTRY: AEROSPACE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: RUTH NEWELL

RELATIONSHIP: WIFE

ADDRESS: 1408 LINDSEY LOOP MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: CORONARY ARTERY DISEASE

INTERVAL: 50 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: DECEDENT'S HOME

FACILITY OR ADDRESS: 1408 LINDSEY LOOP

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1408 LINDSEY LOOP

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: HOWARD NEWELL

MOTHER: VALDA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 15, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

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: ROGER LEE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1400 E. KINCAID ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: JUNE 13, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ROGER LEE, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JUNE 14, 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	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:		2. Date of Event:	3. Place of Event:
	First Middle Last	MM/DD/YYYY	(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First Middle Last/Maiden	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:	Date:	Printed name:	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

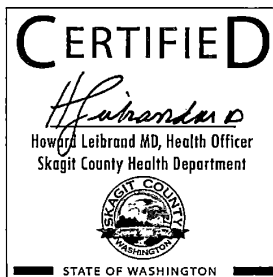
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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