

Return Address:

Nicole Fink

5114 Point Fosdick Drive Ste F PMB 151

Gig Harbor, WA 98335

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/24/2023

GNW 23-17728

AFFIDAVIT (LACK OF PROBATE)The undersigned affiant/grantee Nicole Fink, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Guardian/Conservator for Albert L. Sperry, spouse of Decedent
*Relationship to decedent*of Judith Lee Sperry who died on 04/08/2020
Decedent/Grantor *Date*at Burlington Kitsap WA
City *County* *State***REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)**

Abbreviated Legal Descriptions:

Tract 1 of Skagit County Short Plat No. 72-79, approved July 30, 1979, and recorded
July 31, 1979, as Auditor's File No. 7907310041, in Book 3 of Short Plats, page 152,
records of Skagit County, Washington: being a portion of the North 1/2 of the Northwest
1/4 of Section 20, Township 36 North, Range 4 East W.M.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P49584/360420-2-002-1317

(Attach full legal description(s) of the property)

☐ Decedent left no Last Will and Testament and no Community Property Agreement; or☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or☐ Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or☐ Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (*including those not inheriting part of the decedent's estate*): **Unknown**

Albert Sperry - Spouse

Full name, age and relationship

5114 Point Fosdick Drive Ste F

Gig Harbor

WA

98335

Address

City

State

Zip

Deniece Harford - Daughter

Full name, age and relationship

Unknown

Address

City

State

Zip

Alita Sperry - Daughter

Full name, age and relationship

Unknown

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ unknown of which approximately \$ unknown was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (☒) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (☒) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: July 21, 2023

Nicole Fink

(253) 347-3668

Affiant's full name

Telephone number

5114 Point Fosdick Drive Ste F PMB 151 Gig Harbor, WA 98335

Street

City

State

Zip Code

State of WASHINGTON County of PIERCE

I know or have satisfactory evidence that Nicole Fisk

(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.

Nicole Fisk

, as Guardian/Custodian

Nicole Fisk, as Guardian/Custodian

Dated: July 21, 2023

Lane Minette

Signature of Notary Public

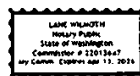
(SEAL OR STAMP)

Residing at Fircrest

Notary Public in and for the State of Washington

My appointment expires: April 13th, 2026

(Based on REV 84 0017 (1/3/17))



Online Notary Public. This notarial act involves the use of online audiovisual communication technology.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-016130

DATE ISSUED: 04/21/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): JUDITH LEE
LAST NAME(S): SPERRYCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 08, 2020
HOUR OF DEATH: 02:00 AM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: CALLWELL, IDMARITAL STATUS: MARRIED
SURVIVING SPOUSE: ALBERT L SPERRYOCCUPATION: HOMEMAKER
INDUSTRY: IN OWN HOME
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NOINFORMANT: ALBERT L SPERRY
RELATIONSHIP: HUSBAND
ADDRESS: 3047 FRIDAY CREEK RD BURLINGTON WA 98233CAUSE OF DEATH:
A: ALZHEIMER'S DEMENTIA
INTERVAL: YEARSB:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: OSTEOPOROSIS WITH
MULTIPLE SUBACUTE AND OLD PATHOLOGICAL FRACTURESDATE 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: HOME
FACILITY OR ADDRESS: 3047 FRIDAY CREEK RD.
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 3047 FRIDAY CREEK RD.
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARSFATHER: WESLEY IRVIN GALE
MOTHER: [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 15, 2020

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: APRIL 08, 2020CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 09, 2020

 Affidavit for Correction This is a legal document. Complete in ink and do not alter.		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
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:		2. Date of Event:
	3. Place of Event:		
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		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:		
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 now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct			
16a. Signature:		16b. Signature of 2 nd parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
INSTRUCTIONS - go to www.doh.wa.gov for more information Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof			
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)			
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. Documentary proof must be five or more years old or established within five years of birth.			
Child under 18 • If legal guardian(s), include certified court order proving guardianship. • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names). • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof 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 documentary proof are required. • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required. • To correct parent's birth date, place of birth, or name, one documentary proof is required.			
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)			
Death Certificates			
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof. 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.			

DOH 422-034 January 2015

CERTIFIED

APR 21 2020

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

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



03803837