



202308080018

08/08/2023 09:31 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Sherkill Tyler
PO Box 480
LA Conner, WA 98257

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 7563
AUG 08 2023

Amount Paid \$ 0
Skagit Co. Treasurer

By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sherkill Tyler, 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 Spouse
Relationship to decedent

of Calen E Tyler, who died on 4-20-2023
Decedent/Grantor Date

at LA Conner Skagit WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

TR 1 S/P 91-055 Pth SE
16.34.2

Assessor's Property Tax Parcel/Account Number: P 106588
(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)

Sheppard Tyler - ^{Age} 76 - Spouse

Full name, age, relationship, address

PO Box 480

LA Conner, CO 98257

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

Full name, age, relationship, address

Dated: 8-8-2023Sherrill Tyler

Affiant's full name

360-770-5701

Telephone number

PO Box 480LA CONIER

City

WA

State

98257

Zip Code

Style

Signature

8-8-2023

Date

State of Washington County of SkagitI know or have satisfactory evidence that Sherrill Darlene Tyler
(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: 8/8/23Belen Martinez
Signature of Notary Public(SEAL OR
STAMP)Residing at: Skagit CountyNotary Public in and for the State of WashingtonMy appointment expires: 03/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-019749

DATE ISSUED: 04/24/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GALEN E

LAST NAME(S): TYLER

AKA: GALEN EDWARD TYLER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 20, 2023

HOUR OF DEATH: 01:37 PM

SEX: MALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTH PLACE: PORTLAND, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SHERRILL STEVENS

OCCUPATION: BUSINESS OWNER

INDUSTRY: MARITIME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: SHERRILL TYLER

RELATIONSHIP: WIFE

ADDRESS: PO BOX 480, LA CONNER, WA 98257

CAUSE OF DEATH:

A: METASTATIC NEUROENDOCRINE CANCER

INTERVAL: 5 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TUMOR RELATED INTESTINAL OBSTRUCTION

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: 14898 SNEE OOSH ROAD

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 14898 SNEE OOSH ROAD

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: OSCAR WILBUR TYLER

MOTHER: IRENE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: PLEASANT RIDGE CEMETERY

CITY, STATE: LA CONNER, WASHINGTON

DISPOSITION DATE: APRIL 25, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: COLE B. ERIKSON

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: APRIL 21, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: APRIL 24, 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
Required information must match current information on record				
Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 foregoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: Date:
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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.

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

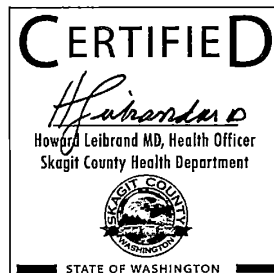
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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