

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
209865-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/14/2023

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mary E. Harju, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is sister
Relationship to decedent
of Jean L. Erskine, who died on January 24, 2023 at
Decedent/Grantor Name Date

Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Abbrev. Lot 4, 5 and ptn. 6/Block 15 'Beale's Maple-Grove Add to Ana.

Assessor's Property Tax Parcel/Account Number: 3775-015-006-0009/P56673
Full Legal Attached as "Exhibit A"

☐ 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)

Mary E. Harju, Legal, Sister, 604 38th Street, Anacortes, WA 98221
Full name, age, relationship, address

Sally M. Thompson, Legal, Sister, 3504 M Ave., Anacortes, WA 98221
Full name, age, relationship, address

Bonnie J. Wilitts, Legal, Sister, 1980 SW Scenic Heights Street, Unit G, Oak Harbor WA 98277
Full name, age, relationship, address

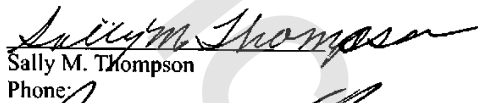
Jack A. Mueller, Legal, Brother, 4704 Yorkshiere Dr., Anacortes, WA 98221
Full name, age, relationship, address

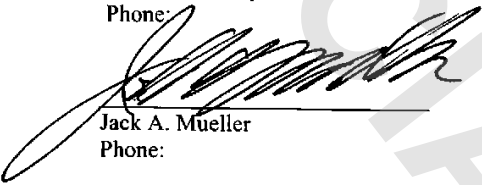
Robert J. McEldoon, Legal, Brother, 14911 Lewis River Road, Ariel, WA 98603
Full name, age, relationship, address

Scott E. McEldoon, Legal, Brother, 9764 E. Lynx Lake Trail, Tucson, AZ 85747
Full name, age, relationship, address

Dated: August 8th, 2023


Mary E. Harju
Phone: 660-708-8839


Sally M. Thompson
Phone:


Jack A. Mueller
Phone:

See attached
Bonnie J. Wilitts
Phone:

See attached
Robert J. McEldoon
Phone:

See attached
Scott E. McEldoon
Phone:

*** Notary Acknowledgments Attached as the Following Page ***

STATE OF WASHINGTON
COUNTY OF SKAGIT

This record was acknowledged before me on 8th day of August, 2023 by Mary E. Harju, Sally M. Thompson, and Jack A. Mueller, as Heirs of Estate of Jean L. Erskine.

Naomi R. Stanfill
Signature

Notary
Title

NAOMI R STANFILL
Notary Public
State of Washington
License Number 201173
My Commission Expires
March 17, 2026

My commission expires: 03-17-23

STATE OF WASHINGTON
COUNTY OF _____

This record was acknowledged before me on ____ day of _____, 2023 by Bonnie J. Wilits, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

STATE OF WASHINGTON
COUNTY OF _____

This record was acknowledged before me on ____ day of _____, 2023 by Robert J. McEldoon, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

STATE OF _____
COUNTY OF _____

This record was acknowledged before me on ____ day of _____, 2023 by Scott E. McEldoon, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

Robert J. McEldoon, Legal, Brother, 14911 Lewis River Road, Ariel, WA 98603
Full name, age, relationship, address

Scott E. McEldoon, Legal, Brother, 9764 E. Lynx Lake Trail, Tucson, AZ 85747
Full name, age, relationship, address

Dated: August 8th, 2023

Mary E. Harju
Phone: 360-708-8839

Sally M. Thompson
Phone:

Jack A. Mueller
Phone:

Bonnie J. Willett
Bonnie J. Willett
Phone: 360-320-2285

Robert J. McEldoon
Phone:

Scott E. McEldoon
Phone:

*** Notary Acknowledgments Attached as the Following Page ***

STATE OF WASHINGTON
COUNTY OF SKAGIT

This record was acknowledged before me on _____ day of _____, 2023 by Mary E. Harju, Sally M. Thompson, and Jack A. Mueller, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

STATE OF WASHINGTON
COUNTY OF Island

This record was acknowledged before me on 9 day of August, 2023 by Bonnie J. Wilits, as Heirs of Estate of Jean L. Erskine.

Alicia R Schemm
Signature

Notary Public
Title

My commission expires: 07/31/2024

STATE OF WASHINGTON
COUNTY OF _____

This record was acknowledged before me on _____ day of _____, 2023 by Robert J. McEldoon, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

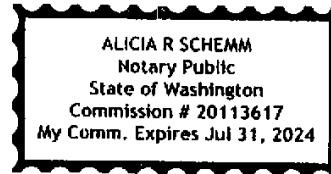
STATE OF _____
COUNTY OF _____

This record was acknowledged before me on _____ day of _____, 2023 by Scott E. McEldoon, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____



Robert J. McEldoon, Legal, Brother, 14911 Lewis River Road, Ariel, WA 98603
Full name, age, relationship, address

Scott E. McEldoon, Legal, Brother, 9764 E. Lynx Lake Trail, Tucson, AZ 85747
Full name, age, relationship, address

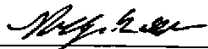
Dated: August 8th, 2023

Mary E. Harju
Phone: 360-708-8839

Sally M. Thompson
Phone:

Jack A. Mueller
Phone:

Bonnie J. Wilitts
Phone:


Robert J. McEldoon
Phone: (360) 931-0725

Scott E. McEldoon
Phone:

*** Notary Acknowledgments Attached as the Following Page ***

STATE OF WASHINGTON
COUNTY OF SKAGIT

This record was acknowledged before me on _____ day of _____, 2023 by Mary E. Harju, Sally M. Thompson, and Jack A. Mueller, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

STATE OF WASHINGTON
COUNTY OF _____

This record was acknowledged before me on _____ day of _____, 2023 by Bonnie J. Wilits, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

STATE OF WASHINGTON
COUNTY OF Cowlitz

This record was acknowledged before me on 9th day of August, 2023 by Robert J. McEldoon, as Heirs of Estate of Jean L. Erskine.

RE BEAVIN
Signature

Notary Public
Title

My commission expires: 3/15/27

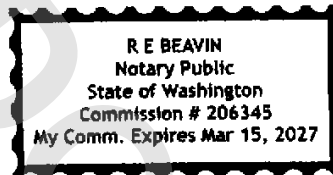
STATE OF _____
COUNTY OF _____

This record was acknowledged before me on _____ day of _____, 2023 by Scott E. McEldoon, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____



Robert J. McEldoon, Legal, Brother, 14911 Lewis River Road, Ariel, WA 98603
Full name, age, relationship, address

Scott E. McEldoon, Legal, Brother, 9764 E. Lynx Lake Trail, Tucson, AZ 85747
Full name, age, relationship, address

Dated: August 8th, 2023


Mary E. Harju
Phone: 360-708-8839

Sally M. Thompson
Phone:

Jack A. Mueller
Phone:

Bonnie J. Wilitts
Phone:

Robert J. McEldoon
Phone:


Scott E. McEldoon
Phone: (425) 879-5910

*** Notary Acknowledgments Attached as the Following Page ***

STATE OF WASHINGTON
COUNTY OF SKAGIT

This record was acknowledged before me on ____ day of _____, 2023 by Mary E. Harju, Sally M. Thompson, and Jack A. Mueller, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

STATE OF WASHINGTON
COUNTY OF _____

This record was acknowledged before me on ____ day of _____, 2023 by Bonnie J. Wilits, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

STATE OF WASHINGTON
COUNTY OF _____

This record was acknowledged before me on ____ day of _____, 2023 by Robert J. McEldoon, as Heirs of Estate of Jean L. Erskine.

Signature

Title

My commission expires: _____

STATE OF AZ
COUNTY OF Pima

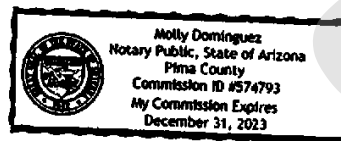
This record was acknowledged before me on 8th day of Aug, 2023 by Scott E. McEldoon, as Heirs of Estate of Jean L. Erskine.

Molly Dominguez
Signature

Notary

Title

My commission expires: 12/31/23




Legal Description

Exhibit A

Lots 4, 5 and the East 10 feet of Lot 6, Block 15, "BEALE'S MAPLE-GROVE ADDITION TO THE CITY OF ANACORTES," as per plat recorded in Volume 2 of Plats, page 19, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2023-004553	DATE ISSUED: 02/01/2023 FEE NUMBER:
FIRST AND MIDDLE NAME(S): JEAN LAVONNE LAST NAME(S): ERSKINE AKA: JEANNIE LAVONNE ERSKINE	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: JANUARY 24, 2023 HOUR OF DEATH: 07:21 AM SEX: FEMALE AGE: 79 YEARS SOCIAL SECURITY NUMBER:	PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: SOUNDVIEW REHABILITATION AND HEALTHCARE CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 711 35TH ST CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 50 YEARS
BIRTH DATE: BIRTHPLACE: BREWSTER, WA	FATHER: CLARENCE JACOB MUELLER MOTHER: SHIRLY MAY
MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
OCCUPATION: HAIRSTYLIST INDUSTRY: BEAUTY EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: NO	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: JANUARY 31, 2023
INFORMANT: MARY HARJU RELATIONSHIP: SISTER ADDRESS: 604 38TH ST, ANACORTES, WA 98221	FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION SERVICE INC ADDRESS: 746 NE MIDWAY BLVD CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277 FUNERAL DIRECTOR: PAUL E. KUZINA
CAUSE OF DEATH: A: UNSPECIFIED NATURAL CAUSES INTERVAL: YEARS B: INTERVAL: C: INTERVAL: D: INTERVAL:	MANNER 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 RESPONSE
OTHER CONDITIONS CONTRIBUTING TO DEATH: PERIPHERAL VASCULAR DISEASE, ATRIAL FIBRILLATION, AORTIC STENOSIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE	CERTIFIER NAME: HENNING PFORTE, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 1400 E. KINCAID CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274 DATE SIGNED: JANUARY 30, 2023
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL DATE RECEIVED: JANUARY 31, 2023
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

		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	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:		State:	Zip:
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:		14b. Signature of 2nd 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					
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.					

CERTIFIED

FEB 01 2023

Signature
 Skagit County Health Department
 Edward Leibrand M.D., Health Officer

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



06092174