

After recording, return to:
The heirs and devisees of Paul Ericson, deceased

CHICAGO TITLE COMPANY
620054712

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/08/2023

Grantor (Name of Decedent): Paul Ericson
Grantee (Heirs): Marian Ericson
Abbreviated Legal Description: PTN LT 7 & ALL LT 8, BLK 1, "KLOKE'S ADDITION TO BURLINGTON"
Tax Parcel No.(s): P72624 / 4088-001-008-0007 and P72623 / 4088-001-007-0008

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF United States

The undersigned, Marian Ericson, executes this affidavit relating to the estate of Paul Ericson (herein "Decedent"), who died on Dec 6, 2021, in the County of United States, State of Washington, then being a resident of the City of Burlington, County of United States, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
 - ☒ the lawful surviving spouse of the Decedent
 - ☐ Registered domestic partner of the Decedent
 - ☐ Surviving child of the Decedent
 - ☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____, [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 - ☐ other (identify:) _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Marian Ericson - wife

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Marian Ericson
Signature

Marian Ericson
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 9-1-2023 by

Marian Ericson
Jennifer Brazil
(Signature of notary public)

Notary Public in and for the State of Washington
My commission expires: 7-25-2024

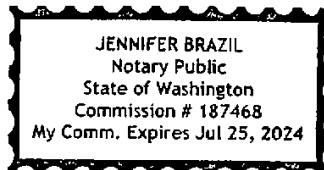


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P72624 / 4088-001-008-0007 and P72623 / 4088-001-007-0008

PARCEL "A"

THE EAST ½ OF LOT 7 AND ALL OF LOT 8, BLOCK 1, "KLOKE'S ADDITION TO BURLINGTON", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 40, RECORDS OF SKAGIT COUNTY, WASHINGTON.

EXCEPT THE SOUTH 8 FEET THEREOF CONVEYED TO THE CITY OF BURLINGTON FOR ALLEY PURPOSES BY DEED DATED MARCH 15, 1956, RECORDED NOVEMBER 27, 1956, IN VOLUME 291 OF DEEDS, PAGE 19, UNDER AUDITOR'S FILE NO. 558970, RECORDS OF SKAGIT COUNTY, WASHINGTON.

PARCEL "B":

THE WEST ½ OF LOT 7, BLOCK 1, "KLOKE'S ADDITION TO BURLINGTON", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 40, RECORDS OF SKAGIT COUNTY, WASHINGTON,

EXCEPT THE SOUTH 8 FEET THEREOF CONVEYED TO THE CITY OF BURLINGTON FOR ALLEY PURPOSES BY DEED DATED MARCH 15, 1956, RECORDED NOVEMBER 27, 1956, IN VOLUME 291 OF DEEDS, PAGE 19, UNDER AUDITOR'S FILE NO. 558970, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-062799

DATE ISSUED: 12/09/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAUL DOUGLAS

LAST NAME(S): ERICSON

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: DECEMBER 06, 2021

HOUR OF DEATH: 03:55 PM

SEX: MALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARIAN WILLIAMS

OCCUPATION: MECHANIC

INDUSTRY: PUGET SOUND ENERGY

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: MARIAN ERICSON

RELATIONSHIP: WIFE

ADDRESS: 411 CAROLINE ST BURLINGTON, WA 98233

CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE

INTERVAL: DAYS

B: INTERSTITIAL LUNG DISEASE

INTERVAL: MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CENTRIOBULAR EMPHYSEMA
CHRONIC KIDNEY DISEASE

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: HOSPITAL

FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 411 CAROLINE ST

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: JESSE ERICSON

MOTHER: ELSIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 09, 2021

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: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DAVID APPLEBURY, DO

TITLE: DO

CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #140

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: DECEMBER 09, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: DAVID APPLEBURY, DO

LOCAL DEPUTY REGISTRAR: BONNIE J. GREGORY

DATE RECEIVED: DECEMBER 09, 2021

Affidavit for Correction

09/08/2023 02:02 PM Page 5 of 5
 Center for Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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:		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 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

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

DEC 09 2021

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

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



0 5 0 5 6 9 7 0