

**Return Address:**

Land Title and Escrow Company  
111 East George Hopper Road, PO Box 445  
Burlington, WA 98233  
208385-LT

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20238584  
Date 10/30/2023

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Sara Harlan, 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

wife of David F. Ehman  
*Relationship to decedent* *Decedent/Grantor Name*

who died on 10/6/2023 at  
*Date*

MOUNT VERNON Skagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Parcel A: Lot 9, Potlatch Beach Div. No. 2, Parcel B: ptn SW NE, 24-36-2

Assessor's Property Tax Parcel/Account Number: 4179-000-009-0008/P77586, 360324-1-004-0001/P48160  
(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)

Sara Elizabeth Harlan, 57, wife

17765 Wood Rd Bow, WA 98232

Full name, age, relationship, address

Jessie Marie Ehman, 31, daughter

3321 Park Lane Unit A Mt. Vernon, WA ~~98232~~ 98274

Full name, age, relationship, address

Kathleen Ludeman, 77, sister

1074 Graustone Rd. Holland, MI 49434

Full name, age, relationship, address

Marilyn Dallet, 75, sister

5707 S. Queen St. Littleton, CO 80127

Full name, age, relationship, address

Julia Knostman, 67, sister

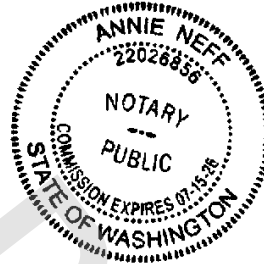
364 W. Pugh Dr. Springboro, OH 45066

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 10/19/2023Sara Elizabeth Harlan  
Affiant's full name360-630-1426  
Telephone number17765 Wood RdBow WA 98232  
City State Zip CodeSara Elizabeth Harlan 10/19/2023  
Signature DateSTATE OF WASHINGTON  
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 19 day of October, 2023 by  
Sara Elizabeth HarlanAnnie Neff  
SignatureNotary  
TitleMy appointment expires July 15, 2026

### Legal Description

#### PARCEL "A":

Lot 9, "PLAT OF POTLATCH BEACH DIV. NO. 2," as per plat recorded in Volume 10 of Plats, pages 8 and 9, records of Skagit County, Washington.

ALSO, a 1/75th undivided interest in the tidelands lying in front of and abutting Lots 19 to 56, inclusive of "PLAT OF POTLATCH BEACH, GUEMES ISLAND, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 6 of Plats, page 10, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

#### PARCEL "B":

That portion of the Southwest 1/4 of the Northeast 1/4 of Section 24, Township 36 North, Range 3 East, W.M., described as follows:

Beginning at the Northeast corner of said subdivision;  
thence South along the East line thereof a distance of 491.8 feet, more or less, to the Northeast corner of that certain tract conveyed to Esther Blake by deed recorded January 16, 1969, under Auditor's File No. 722383, records of Skagit County, Washington;  
thence West along the North line of said Blake Tract a distance of 267.7 feet to the Northwest corner thereof;  
thence South along the West line of said Blake Tract to the Southwest corner of said tract and the true point of beginning;  
thence North along the West line of said Blake Tract to the Northwest corner thereof;  
thence West along the North line of said Blake Tract extended West a distance of 27.0 feet, more or less, to the Easterly line of that certain easement and permit described in instrument recorded November 27, 1967, under Auditor's File No. 707323, records of Skagit County, Washington;  
thence Northerly along the Easterly line of said easement and permit a distance of 300.0 feet, more or less, to the Northeast corner thereof;  
thence West along the North line of said easement and permit and the Westerly extension thereof a distance of 671.6 feet, more or less, to the Easterly line of the County road known as Barrel Springs Road;  
thence Southerly along said Easterly line to its intersection with the Northerly line of the Wood County Road (also known as Tobacco Road);  
thence Southeasterly along said Northerly line to the point of beginning,

EXCEPT the East 1/2 of that portion thereof lying within the following described easement and permit area conveyed to Bloedel Timberlands Development, Inc. by deed recorded under Auditor's File No. 707323, records of Skagit County, Washington.

PARCEL "B" continued:

Beginning at the Northeast corner of the Southwest 1/4 of the Northeast 1/4 of Section 24,  
Township 36 North, Range 3 East, W.M.;  
thence South along the East line a distance of 1,212.1 feet;  
thence West a distance of 267.7 feet to an iron pipe on the North edge of the Wood (Tobacco)  
Road which is the true point of beginning;  
thence North a distance of 1,010.0 feet to an iron pipe;  
thence West a distance of 218.6 feet to an iron pipe;  
thence South 03° West a distance of 809.0 feet to an iron pipe on the North edge of said road;  
thence Southeasterly along the North edge of said road to the true point of beginning.

Situate in the County of Skagit, State of Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-049454

DATE ISSUED: 10/12/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID FRANCIS  
LAST NAME(S): EHMAN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 06, 2023

HOUR OF DEATH: 05:25 PM

SEX: MALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DAYTON, OH

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SARA ELIZABETH HARLAN

OCCUPATION: EDUCATION

INDUSTRY: PUBLIC EDUCATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: SARA ELIZABETH HARLAN

RELATIONSHIP: WIFE

ADDRESS: 17765 WOOD ROAD, BOW, WA 98232

CAUSE OF DEATH:

A: CARDIOGENIC SHOCK CAUSING ACUTE RESPIRATORY FAILURE

INTERVAL: DAYS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC SYNOVIAL  
SARCOMA. CORONARY ARTERY 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: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 17765 WOOD ROAD

CITY, STATE, ZIP: BOW, WA 98232

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: SHIRLEY FRANCIS EHMAN

MOTHER: MARVEL ODESSA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 16, 2023

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: SARAH A. DRAKE

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: MALIK FUIMAONO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: OCTOBER 10, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER

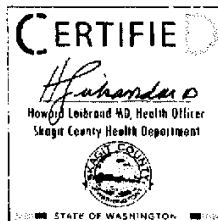
DATE RECEIVED: OCTOBER 12, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

 DOH 422-034 August 2019	<b>Affidavit for Correction</b> 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
<b>STATE OFFICE USE ONLY</b>		
State File Number	Fee Number	Initials
Date		Affidavit Number
<b>Required information must match current information on record</b>		
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:
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>		
The record currently shows:		The true fact is:
8. _____		9. _____
10. _____		11. _____
12. _____		13. _____
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>		
14a. Signature: _____		14b. Signature of 2nd parent (if required): _____
Printed name: _____ Date: _____		Printed name: _____ Date: _____
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>		
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: <ul style="list-style-type: none"> <li>• Birth-Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul> <b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>		
<b>Birth Certificates</b>		
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. <b>The proof(s) must match the asserted fact(s).</b> 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).		
<b>Child under 18</b>		
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>		
*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.		
<b>Adult (18 years or older)</b>		
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>		
<b>Death Certificates</b>		
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.		
<b>Marriage/Dissolution (Divorce) Certificates</b>		
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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