

Return Address:

Kathleen Fulwider
5607 McKinley Pl. N.
Seattle WA 98103

Real Estate Excise Tax
 Exempt
 Skagit County Treasurer
 By Candi Newcombe
 Date 12/04/2023

GNW 23-18587

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kathleen Fulwider 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 57803 111abot Creek lane Marblemount WA
98267
 of William Allen Fulwider Relationship to decedent who died on 06/03/2000
Decedent/Grantor Date

at Seattle King WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

Ptn. Gov. Lots 5 & 6, Section 22, Township 35 North, Range 10 East

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

P45434/351022-0-017-0002

(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):

^{Louise}
Kathleen Falwiler 80 Spouse
Full name, age and relationship
5607 McKinley Pl. N Seattle WA 98103
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

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Full name, age and relationship

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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 \$_____ of which approximately \$_____ 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: 12/01/2023
Kathleen Louise Fulwiler 206-650-3086
Affiant's full name Telephone number
5607 McKinley Pl. N Seattle WA 98103
Street City State Zip Code

State of Washington County of King

I know or have satisfactory evidence that Kathleen Louise Fulwiler
(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: December 1, 2023 Dorinda L Buckles
Signature of Notary Public

(SEAL OR STAMP)

Residing at King Co

Notary Public in and for the State of WA

My appointment expires: 4 22, 2025

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

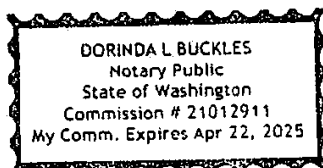


EXHIBIT "A"
Property Description

Closing Date: December 4, 2023
Buyer(s): City of Seattle, a municipal corporation of the State of Washington
Property Address: 57803 Illabot Creek Lane, Marblemount, WA 98267

PROPERTY DESCRIPTION:

All that part of Government Lots 5 and 6 of Section 22, Township 35 North, Range 10 East, W.M., lying Westerly of the Easterly right-of-way line of an easement 300 feet in width granted to the City of Seattle, said easement being recorded in the Auditor's Office, Skagit County, Washington, under File No. 234108, and lying Southerly and Westerly of the following described line:

Beginning at a point lying 77.41 feet North and 2000.33 feet West of the Southeast corner of said Section 22, (East line of said Section bears North 1 degree 18'04" East) said point being a 3/4" iron pipe on the Easterly right-of-way line of said easement granted the City of Seattle; thence North 65 degrees 49'45" West, 187.50 feet; thence North 41 degrees "12'18" West to the Skagit River; EXCEPT a strip of land 50 feet in width conveyed to Skagit County for roadway as recorded under Auditor's File No. 662530; AND EXCEPT that portion lying Southerly and Westerly of the following described line:

Beginning at a point lying 107.50 feet North and 2510.57 feet West of the Southeast corner of said Section 22 (East line of said Section bears North 1 degree 18'04" East); thence North 38 degrees 10' West to the Skagit River; thence South 38 degrees 10' East on a line projected through said point, to the South line of said Section 22.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-026296

DATE ISSUED: 06/25/2020

FEE NUMBER: 110173146

FIRST AND MIDDLE NAME(S): WILLIAM A
LAST NAME(S): FULWILERCOUNTY OF DEATH: KING
DATE OF DEATH: JUNE 03, 2020
HOUR OF DEATH: 01:31 AM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: IMPERIAL, CAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: KATHLEEN LOUISE DERMODYOCCUPATION: PAINTER
INDUSTRY: CONSTRUCTION
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NOINFORMANT: KATHLEEN L FULWILER
RELATIONSHIP: SPOUSE
ADDRESS: 5607 MCKINLEY PL N SEATTLE, WA 98103CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: 48 HRS
B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 10 YEARS
C: TOBACCO USE, LONG TERM
INTERVAL: 50 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME
FACILITY OR ADDRESS: 5607 MCKINLEY PL N
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98103RESIDENCE STREET: 5607 MCKINLEY PL N
CITY, STATE, ZIP: SEATTLE, WA 98103
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 31 YEARSFATHER: ROY FULWILER
MOTHER: [REDACTED]METHOD OF DISPOSITION: DONATION/MEDICAL RESEARCH
PLACE OF DISPOSITION: UNIVERSITY OF WASHINGTON, DEPT OF BIO-
STRUCTURES
CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JUNE 10, 2020

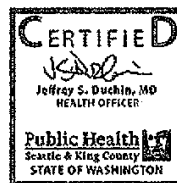
FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

ADDRESS: 6942 S 198TH ST
CITY, STATE, ZIP: KENT, WASHINGTON 98032
FUNERAL DIRECTOR: STEVEN M. WEBSTERMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: SCOTT MCINTYRE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1145 BROADWAY
CITY, STATE, ZIP: SEATTLE, WA 98122
DATE SIGNED: JUNE 04, 2020CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 20-2576
ATTENDING PHYSICIAN: SCOTT MCINTYRE, MDLOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: JUNE 09, 2020

 Health <small>DOH 422-034 August 2019</small>		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 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)					
Required	1. Name on Record: <small>First Middle Last</small>		2. Date of Event: <small>MM/DD/YYYY</small>		3. Place of Event: <small>(City or County)</small>
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) <small>First Middle Last/Ma/Don</small>		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last/Maiden</small>		
	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: <small>PO Box or Street Address City State Zip</small>					
Telephone Number: <small>()</small>			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: <small>Printed name: Date:</small>			14b. Signature of 2nd parent (if required): <small>Printed name: Date:</small>		
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.					



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



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