

Return Address:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
210860-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/03/2024

AFFIDAVIT (LACK OF PROBATE)

210860-LT

The undersigned affiant/grantee Carrie Auckland, 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

daughter of Jerry M. Ashley
Relationship to decedent Decedent/Grantor Name

who died on March 24, 2019 at
Date

Sedro Woolley Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: ptn Lot 4, Block 5, North Park Add. to Clear Lake, WA

Assessor's Property Tax Parcel/Account Number: 4142-005-004-0006/P74989
(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)

Carrie A. Auckland, 52, P.O. Box 1305 Lyman
WA 98263

Full name, age, relationship, address

Jason E. Ashley 50, 816 Sauk Mt. Drive
Sedro Woolley WA 98284

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: 3-12-2024Carrie A. Auckland

Affiant's full name

360-630-7006

Telephone number

P.O. Box 1365Lyman

City

WA

Street

State

98263

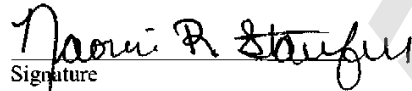
Zip Code



Signature

3-12-2024

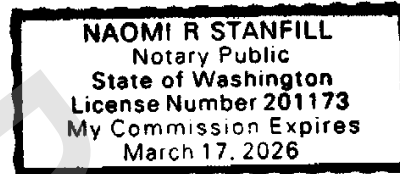
Date

STATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 12th day of March, 2024 byCarrie A. Auckland

Signature

Notary

Title

My appointment expires: March 17, 2026

Legal Description

Lot 4, Block 5, "NORTH PARK ADDITION TO CLEAR LAKE, WASHINGTON," as per plat recorded in Volume 4 of Plats, page 16, records of Skagit County, Washington;

EXCEPT the East 15 feet thereof.

Situate in the County of Skagit, State of Washington.

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-013718

DATE ISSUED: 03/27/2019
FEE NUMBER:FIRST AND MIDDLE NAME(S): JERRY MORRIS
LAST NAME(S): ASHLEYCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 24, 2019
HOUR OF DEATH: 10:15 AM
SEX: MALE
AGE: 76 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTHPLACE: WALLED LAKE, MIMARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLEOCCUPATION: LABORER
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: KAREN ASHLEY
RELATIONSHIP: FORMER SPOUSE
ADDRESS: 816 SAUK MOUNTAIN DRIVE, SEDRO-WOOLLEY, WA 98284CAUSE OF DEATH:
A: CEREBROVASCULAR ACCIDENT
INTERVAL: MONTHS
B: CEREBROVASCULAR DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VASCULAR DEMENTIA

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BIRCHVIEW MEMORY CARE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 925 DUNLOP AVENUE 201
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEARFATHER/PARENT: POLEY EDWARD ASHLEY
MOTHER/PARENT:METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERYCITY, STATE: SEDRO WOOLLEY, WASHINGTON
DISPOSITION DATE: MARCH 29, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER 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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 26, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 27, 2019

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
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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 Legal 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 now shows:		The true fact is:	
8. _____	9. _____	10. _____	11. _____
12. _____	13. _____	14. _____	15. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names).
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required.
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

MAR 27 2019

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

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



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