



202404170053

04/17/2024 01:41 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

Wanda Mae Sell

234 Skagit Way

La Conner, WA 98257

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20240287

APR 17 2024

Amount Paid \$0
Skagit Co. Treasurer
By KB Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wanda Mae Sell, aka Wanda Sell, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Wife

Relationship to decedent

of Robert Sell, who died on 4/17/2011

Decedent/Grantor

Date

at Mount Vernon

Skagit

Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Shelter Bay Block 2 Lot 234

Assessor's Property Tax Parcel/Account Number: P129088
(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)

(Page 1 of 4)

Wanda Mae Sell, Age 90, Wife
234 Skagit Way, La Conner, WA 98257

Full name, age, relationship, address
Alicia Dean Sell, Age 63, Daughter

Full name, age, relationship, address
Cynthia Marie Sell, Age 54, Daughter

Full name, age, relationship, address
Robert Dean Sell, Age 61, Son

Full name, age, relationship, address
Angela Leona Vaughn, Age 71, Daughter

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 3-16-2024Wanda Mae Sell

Affiant's full name

425-766-0654

Telephone number

234 Skagit Way

La Conner

Street
WA

98257

City

State

Zip Code

Wanda Mae Sell

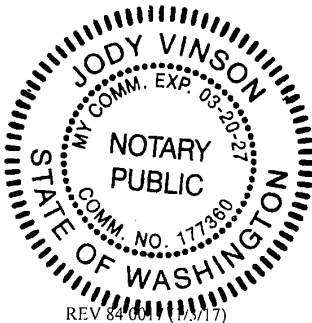
Signature

3-16-2024

Date

State of Washington County of KingI know or have satisfactory evidence that Wanda Mae Sell
(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: 3 / 16 / 24(SEAL OR
STAMP)Jody Vinson
Signature of Notary PublicResiding at: King County, WANotary Public in and for the State of WAMy appointment expires: 3 / 20 / 27

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 333-11		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Robert Dean Sell		2. Death Date Apr 17, 2011			
3. Sex (M/F) M	4a. Age - Last Birthday 76	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 555-46-2077	6. County of Death Skagit
7. Birthdate Sep 2, 1934	8a. Birthplace (City, Town, or County) Columbus	8b. (State or Foreign Country) Nebraska	9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 234 Skagit Way				13b. City or Town La Conner	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98257		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence 17 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Wanda Mae Inmon	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Division Manager				18. Kind of Business/Industry (Do not use Company Name) Yellow Pages	
19. Father's Name (First, Middle, Last, Suffix) Carl (nmn) Sell		20. Mother's Name Before First Marriage (First, Middle, Last) Madeline Mae Harsh			
21. Informant's Name Wanda Mae Sell		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 234 Skagit Way La Conner WA 98257	
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home					
25. Facility Name (if not a facility, give number & street or location) Mira Vista Care Center				26a. City, Town, or Location of Death Mount Vernon	
26b. State WA		27. Zip Code 98274			
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fernhill Cemetery		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221				32. Date of Disposition Apr 23, 2011	
33. Funeral Director Signature X <i>Edward J. Hill</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC CANCER 1° UNDETERMINED Interval between Onset & Death 3 mos Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Due to (or as a consequence of): Interval between Onset & Death c. Due to (or as a consequence of): Interval between Onset & Death d. Due to (or as a consequence of): Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above DM II HTN CVA ASCAN				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 04/17/2011		42. Hour of Injury (24hrs) 1400		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Home	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				45. Location of Injury: Number & Street: Apt. No. 234 Skagit Way La Conner WA 98257	
46. Describe how injury occurred Slipped on stairs				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated: O. Stalsbroten M.D.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated: X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Oliver L. Stalsbroten, M.D. 2511 M Avenue, Suite B Anacortes, WA 98221				50. Hour of Death (24hrs) 2325	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) Apr 19, 2011	
53. Title of Certifier Dr.		54. License Number MD00018028		55. ME/Coroner File Number NJA # 230	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature Maria J. Vivanco, Deputy Registrar	
58. Date Received (mm/dd/yyyy) APR 19 2011				59. Amendments	





Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

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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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) _____ Telephone Number: _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.
All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 6/11/10

CERTIFIED*

APR 21 2011

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

UU00305029