



202405160002

05/16/2024 08:32 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

True North Legal Services, PLLC

PO Box 934

Bellingham, WA 98227

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Yena Thompson
DATE 5.15.24

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Shelby Yates Zimmerman, 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 the son

Relationship to decedent

of Mary Sue Zimmerman

Decedent/Grantor

, who died on 12/23/2002

Date

at Burlington

City

Skagit

County

WA

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

DK 12: ALL LOT 14 & S1/2 OF 15, BLOCK 1, KNUTZEN'S ADDITION TO THE TOWN OF BURLINGTON, AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 80, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P72668 / 4089-001-015-0007

(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 6)

Estate of Gregory John Zimmerman, deceased 11/20/2023, 721 South Alder
St., Burlington, WA 98233

Full name, age, relationship, address

Shelby Yates Zimmerman, 52 years old, 721 South Alder St., Burlington, WA
98233

Full name, age, relationship, address

Ryan Jay Zimmerman, 49 years old, 17185 Avon St., Mt. Vernon, WA 98273

Full name, age, relationship, address

Travis John Zimmerman, 47 years old, 3505 67th Pl. #B, Long Beach, WA
98631

Full name, age, relationship, address

Linda Lou Thompson (f.k.a. Linda Lou Berwick), 73 years old, 7065 Pine Rd.
Sterling, MI 48659

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

ps 2/6

Dated : April 29, 2024

Shelby Yates Zimmerman

Affiant's full name

(206) 475-6506

Telephone number

721 South Alder St.

<u>Burlington</u>	<i>Street</i> <u>WA</u>	<u>98233</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>


Signature

4/29/2024
Date

State of Washington County of Skagit

Genissa M. Richardson, Notary Public:

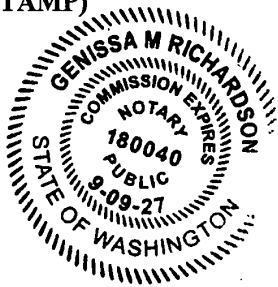
I know or have satisfactory evidence that Shelby Yates Zimmerman
(name of person)

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: 4/29/24


Signature of Notary Public

(SEAL OR STAMP)



Residing at: Bellingham

Notary Public in and for the State of Washington

My appointment expires: 09/09 /2027

Full Legal Description:

Lot 14 and South ½ of Lot 15, Block 1, "KNUTZEN'S ADDITION TO THE TOWN OF BURLINGTON", as per plat recorded in Volume 3 of Plats, page 80, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington

Pg 4/6

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

926 02 LOCAL FILE NUMBER

146 STATE FILE NUMBER

Form with fields for Name (Mary Sue Zimmerman), Sex (Female), Death Date (12/23/2002), Age (54), Birthdate (12/23/1948), Birthplace (Bellingham, WA), Marital Status (Married), Spouse (Greg Zimmerman), Occupation (Assembly Worker), Cause of Death (Breast Cancer met. to lung & Brain), and Registrar Signature (Dorothy Epps, deputy).



USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of: Birth <input type="checkbox"/> Marriage <input type="checkbox"/>		Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER _____ for
2. NAME _____		3. DATE OF EVENT _____		4. PLACE OF EVENT (City and County) _____
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) _____			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) _____	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7. _____			8. _____	
9. _____			10. _____	
11. _____			12. _____	
13. _____			14. _____	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15. _____
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE _____		17. DATE _____		18. ADDRESS _____

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
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 fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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

CERTIFIED

DEC 24 2002

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

JJ00445620