



202405160020

05/16/2024 11:49 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
210537-LT

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20240625
MAY 16 2024

Amount Paid \$7,125.00
Skagit Co. Treasurer
By KO Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Ronald Wilmot, 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

Surviving spouse of
Mary Blinkhorn Wilmot,
Relationship to decedent *Decedent/Grantor Name*

who died on August 2, 2022 at
Date

Mukilteo Snohomish Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 443, Shelter Bay Div. #3

Assessor's Property Tax Parcel/Account Number: S3302020130/5100-003-443-0000/P129249
(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)

Ronald Wilmot, Age: 87 , Surviving Spouse

10200 Harbour Place #217, Mukilteo WA 98275

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

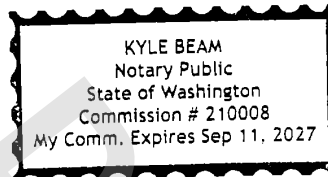
Full name, age, relationship, address

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: May 14, 2024Affiant's full name RONALD L. WILMOTTelephone number 425-314-353010200 Harbour PtMukilteo WA 98275
City State Zip Code[Signature] May 14, 2024
Signature DateSTATE OF WASHINGTON
COUNTY OF ~~SKAGIT~~ Snohomish
KBSigned and sworn to (or affirmed) before me on this 14 day of May, 2024 by
Ronald L. Wilmot[Signature]
SignatureNotary
TitleMy appointment expires: 9-11, 2027

Legal Description

A leasehold interest in the following described tract:

Lot 443, "SURVEY OF SHELTER BAY DIV. 3, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, pages 839 to 842, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-039999

LOCAL FILE NUMBER: 9601

DATE ISSUED: 08/08/2022

FEE NUMBER: 310822

FIRST AND MIDDLE NAME(S): MARY BLINKHORN
 LAST NAME(S): WILMOT

COUNTY OF DEATH: SNOHOMISH
 DATE OF DEATH: AUGUST 02, 2022
 HOUR OF DEATH: 09:30 PM
 SEX: FEMALE AGE: 84 YEARS
 SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
 BIRTHPLACE: SALEM, OR

MARITAL STATUS: MARRIED
 SURVIVING SPOUSE: RONALD LEONARD WILMOT

OCCUPATION: SECRETARY
 INDUSTRY: FAITH MINISTRIES
 EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
 US ARMED FORCES: NO

INFORMANT: JEFFREY MARK WILMOT
 RELATIONSHIP: SON
 ADDRESS: PO BOX 1795, EVERETT, WA 98206

CAUSE OF DEATH:
 A: DEMENTIA DUE TO PARKINSON'S DISEASE
 INTERVAL: 1 YEAR

B:
 INTERVAL:

C:
 INTERVAL:

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: NURSING HOME/LONG TERM CARE FACILITY
 FACILITY OR ADDRESS: MUKILTEO MEMORY CARE
 CITY, STATE, ZIP: MUKILTEO, WASHINGTON 98275

RESIDENCE STREET: 4686 POINTS DRIVE #211
 CITY, STATE, ZIP: MUKILTEO, WA 98275
 INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
 TRIBAL RESERVATION: NOT APPLICABLE
 LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER: ED BLINKHORN
 MOTHER: IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION
 PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON
 DISPOSITION DATE: AUGUST 08, 2022

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE

ADDRESS: 1910 120TH PLACE SE, #102
 CITY, STATE, ZIP: EVERETT, WASHINGTON 98208
 FUNERAL DIRECTOR: CHAR C. BARRETT

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: MELISSA LAMBERTSON, MD
 TITLE: PHYSICIAN
 CERTIFIER ADDRESS: 2930 MAPLE ST
 CITY, STATE, ZIP: EVERETT, WASHINGTON 982014261
 DATE SIGNED: AUGUST 03, 2022

CASE REFERRED TO ME/CORONER: NO
 FILE NUMBER: NOT APPLICABLE
 ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LEAH BRETLAND
 DATE RECEIVED: AUGUST 08, 2022

Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			
	7. Return Mailing Address: P.O. Box or Street Address City State Zip 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 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:	14b. Signature of 2 nd parent (if required):
Printed name: Date:	Printed name: Date:

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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

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.

*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.

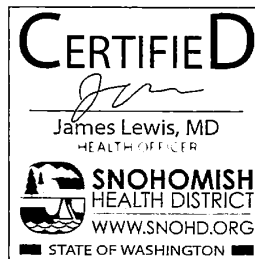
Death Certificates

- 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.
- 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 proof documentation.
- 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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