Return Address:

Land Title and Escrow Company 3010 Commercial Avenue Anacortes, WA 98221 212378-LT

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

JOJY 1392

JUL 17 2024 Amount Paid \$ Co-Skagit Co. Treasurer

Deputy

## **AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee	signed affiant/grantee Beverly J. Dresen , being first duly sworn deposes and states as follows:  Name of Affiant						
That they are a rightful heir as listed of	on heirs at law, to the real p	property described below, and is					
wife	of	Karle H. Dresen					
Relationship to decedent		Decedent/Grantor Name					
who died on <u>December 1, 2023</u> Date	at						
Anacortes	Skagit	Washington					
City	County	State					
REAL PROPERTY SUBJECT TO Abbreviated Legal Description: Lot 2  Assessor's Property Tax Parcel/Accordatach full legal description of the property Tax Parcel Property T	67, Revised Shelter Bay D unt Number: 5100-002-267 roperty)						
Decedent left no Last Will and T	estament.						
x Decedent left a Last Will and Tes	stament which HAS NOT b	been Probated or Revoked.					
		nildren, issue of predeceased child or adopted child tiffies all heirs at law of the decedent: (use additional					

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### 202407170072 07/17/2024 03:29 PM Page 2 of 6

Beverly J. Dresen 81 wife 1410 6th Street, Anacortes, WA 98221	
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	

REV 84 0017 (1/3/17) Page 2 of 4

Dated: July 12,2024		
Beverly J. Dresen		
Affiant's full name		
(2(0) 770 2525		
(360) 770-2535 Telephone number		
	1410 6th Street	
	Street	
Anacortes	WA	98221
City	State	Zip Code
* Beverly J. Dreser	_	7/0/24
Signature		Date
STATE OF WASHINGTON		
COUNTY OF SKAGIT		
Simulation de (on effected) hefere w	12th 5 (14	2024 by Beverly J. Dresen.
Signed and sworn to (or affirmed) before m	e on this to day of	2024 by Beverly J. Dresen.
	101	$\circ$
Signature		YA AMILI
CPO -	BERL	Y A HANNING
Title		5 × 1/1. V = 1/2
Λ 🤝		
	-04 = 100 x0	A RES
My appointment expires: (18),	2024	475 NIIII
My appointment expires:	2024 IIIIIII 97 P. 20	475 NO
My appointment expires:	2024 2. 2. S. D. S	1475 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

## **Legal Description**

Lot 267, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



DATE ISSUED: 12/05/2023

FEE NUMBER:



#### **CERTIFICATE OF DEATH**

CERTIFICATE NUMBER: 2023-058685

FIRST AND MIDDLE NAME(S): KARLE HENRY

LAST NAME(S): DRESEN

COUNTY OF DEATH: SKAGIT DATE OF DEATH: DECEMBER 01, 2023 HOUR OF DEATH: 10:55 PM

SEX: MALE

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

AGE: 85 YEARS

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BEVERLY JOAN STOCKTON

OCCUPATION: BROKER INDUSTRY: REAL ESTATE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: KATE CALDERWOOD RELATIONSHIP: DAUGHTER

ADDRESS: PO BOX 447, CLINTON, WA 98236

CAUSE OF DEATH:

A: RESPIRATORY FAILURE SECONDARY TO MYOCARDIAL INFRACTION AND CONGESTIVE HEART FAILURE

INTERVAL: DAYS

B:

INTERVAL:

C:

INTERVAL:

, 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: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 159 SWINOMISH DRIVE CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: CHARLES DRESEN

MOTHER: EMMA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: DECEMBER 04, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JOSE ANGUIANO, JR, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: DECEMBER 02, 2023

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

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: DECEMBER 04, 2023

### 202407170072

## **Affidavit for Correction**

Washington State Department of Health

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

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

DOH 422-034 August 2019	1			OTATE AT	FIAE HOT	ONLY				
State File Number		Fee N	umber	STATE OF	FICE USE	Initials	Date		Affidavit N	umber
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Record Type:						Dissolution (Divorce)  2. Date of Event:  3. Place of Event:				
1. Name on Red	cora:	Madk		a af			2. Date of Event:		3. Place of ιCity or	
4. Father/Paren	t Full Birth N		A for Marriage or		5. Mothe	er/Parent Fu	III Birth Name (Spou	se B for I		
1. Name on Red First 4. Father/Paren First		- Widdle	_	istifiaidico	Latit		Middle		-	st/Maiden
6. Name of Pers	son Reques			Relationship	to 🗆	Self	Guardian	☐ Info	ormant	☐ Hospital
				Person on F	Record:	Parent(s)	☐ Funeral Director	Oth	ner (specify) _	
7. Return Mailing Add								· · · · ·		NO9
# O Box or Street? Telephone Number:	ddress				Email Ad	idress:		State		Zip
( )										
Use the	section b	elow for requ	esting any ch	anges on t	he record	i. The rec	ord is incorrect o	r incon	nplete as i	follows:
	The rec	ord currently s	hows:				The true	fact is:	<u> </u>	
8.					9.					
10.					11.					
12.				-	13.			-		
l declar	e under p	enalty of per	ury under the	laws of th	e State of	Washing	ton that the forge	oing is	true and c	orrect.
14a. Signature:	•						<sup>nd</sup> parent (if required)			
Printed name:			Dat	e:	Printed r					Date:
			INSTRUCTION							
Birth Certificates  1. Only a parent(s),  2. The proof(s) must Mary Ann Doe.  3. Proof documental  4. This affidavit canr Child under 18  • If legal guardian  • Up to age one of Parentage for on certificate (cathereafter, a couton No proof is requied.  • To correct paren  • To correct the seprovider is requied.	uralization cannot use legal guardi st match th tion must be not be used (s), include r up to one m, last nam an be any co int order is re ired to chan t's informati ex of the chi red.	Hospities a Driver's lice an (if the child e asserted factor of the case of th	s under 18), or t s). For example, ears old or estab t to a birth certific order proving gua e filing of an Ack ed once to either e first, middle or ge the last name iddle name.* ocumentation for	the named into if the affidavilished within cate (use Ackardianshipnowledgeme parents' namlast names);	dividual (if rit says the five years anowledgment of the property of the five years of the first	assport / Er decorative 18 or older) name shou of birth. ent of Parer 8 years or of the adult c of first or micdired. e first, middl correct, two orrect paren quired.	may change the birtid be Mary Ann Doe,	een/Perris proof d  h certification from the proof d  -159).  birth certification from the proof d  s misspel mentation f birth, or	ate. of must show rtificate. eces of proculled, or monto a re requir r name, one	ident card (I-551) ion.  w the name to be of documentation ar th and/or day of birt ed. proof documentation
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<ol> <li>Personal facts (m</li> <li>To change the da</li> </ol>	inor spelling te of∷place	g changes in na of marriage or o	me, date or plac lissolution, the o	e of birth, or fficiant (marri	residence) age) or clei	may be chark of court (	anged by the person dissolution) must cor	with one nplete ar	piece of prond submit the	oot documentatior le affidavit.



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



