

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
212252-LT

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20241731
Date 08/13/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sandra Sefried, 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

SPouse of Walter Roy Sefried Jr.
Relationship to decedent *Decedent/Grantor Name*

who died on May 16, 2021 at
Date

Guemes Island, Anacortes, Skagit, Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 3, Potlatch Beach Div. 2

Assessor's Property Tax Parcel/Account Number: 4179-000-003-0004/P77580
(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)

4380 Salmon Run Rd. Anacortes, WA 98221
Sandra Ann Scifred, 67, Spouse
Full name, age, relationship, address

Jennifer Scifred Maurer, 31, Child
1728 Iron St. Bellingham, WA 98225
Full name, age, relationship, address

Jishua Lawrence Scifred, 28, Child
802 Marian St. Hood River, OR 97031
Full name, age, relationship, address

Dated: July 1, 2024
Affiant's full name Sandra Ann Seifried

Telephone number 360-588-2219

4380 Salmon Run Rd.
Anacortes WA 98221
City State Zip Code
Sandra Seifried 7/1/24
Signature Date

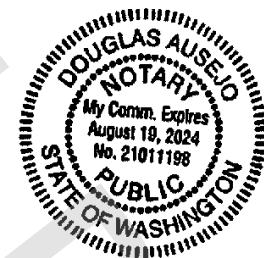
STATE OF WASHINGTON
COUNTY OF SKAGIT /Whatcom

Signed and sworn to (or affirmed) before me on this 1st day of July, 2024 by
Sandra Seifried


Signature

Notary Public
Title

My appointment expires: Aug 19, 2024



Legal Description

Lot 3, "PLAT OF POTLATCH BEACH DIV. NO. 2," as per plat recorded in Volume 10 of Plats, pages 8 and 9, records of Skagit County, Washington.

ALSO, a 1/75th undivided interest in the tidelands lying in front of and abutting Lots 19 to 56, inclusive of "PLAT OF POTLATCH BEACH, GUEMES ISLAND, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 6 of Plats, page 10, records of Skagit County, Washington.

ALSO TOGETHER WITH a non-exclusive easement for access to the beach, over and across Lot 19 and the Westerly 20 feet of Lots 20 and 21, in said "PLAT OF POTLATCH BEACH, GUEMES ISLAND, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 6 of Plats, page 10, 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: 2024-024219

FIRST AND MIDDLE NAME(S): WALTER ROY
LAST NAME(S): SEIFRIED JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 16, 2024
HOUR OF DEATH: 12:40 AM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: 1

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

BIRTH DATE:
BIRTHPLACE: JAMAICA, NY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SANDRA ANN BEVER

OCCUPATION: COLONEL
INDUSTRY: ARMED FORCES - ARMY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: SANDRA A SEIFRIED
RELATIONSHIP: WIFE
ADDRESS: 4380 SALMON RUN ROAD, ANACORTES, WA 98221

CAUSE OF DEATH:
A: PULMONARY FIBROSIS
INTERVAL: 6 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 4380 SALMON RUN ROAD
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4380 SALMON RUN ROAD
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: WALTER ROY SEIFRIED SR
MOTHER:

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: JUNE 28, 2024

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND 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: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

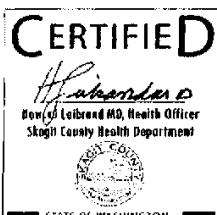
CERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MAY 16, 2024

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MAY 21, 2024

LCR422-1358467 (2/22)

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	
Required information must match current information on record						
Required	Record Type:	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)	
	1. Name on Record:	Middle:		2. Date of Event:	3. Place of Event:	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			
	First	Middle	Last/Middle	First	Middle	Last/Middle
	6. Name of Person Requesting Correction:		Relationship to	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
			Person on Record:	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Hospital
	7. Return Mailing Address: PO Box or Street Address:		City:		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 forgoing is true and correct.						
14a. Signature:	14b. Signature of 2nd parent (if required):					
Printed name:	Date:	Printed name:	Date:			
INSTRUCTIONS – go to www.doh.wa.gov for more information						
<p>Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:</p> <ul style="list-style-type: none"> • 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) <p>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</p>						
<p>Birth Certificates</p> <ol style="list-style-type: none"> 1. 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. 2. 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. 3. Proof documentation must be five or more years old or established within five years of birth. 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159). <p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgement 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. <p>*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.</p>						
<p>Death Certificates</p> <ol style="list-style-type: none"> 1. 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. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 						
<p>Marriage/Dissolution (Divorce) Certificates</p> <ol style="list-style-type: none"> 1. 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. 2. 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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