

Return Address:

Land Title and Escrow Company
111 E. George Hopper Road
Burlington, WA 98233
211353-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/15/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Scott D. Thomson, 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

Eldest Son of Robert D. Thomson
Relationship to decedent *Decedent-Grantor Name*

who died on July 5, 2024 at
Date

Kirkland King Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 121, Woodside PUD Divs. 1 & 2

Assessor's Property Tax Parcel/Account Number: 6038-000-121-0000/P133314
(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)

Scott D. Thomson, Eldest Son , 68
27421 SE 231st St., Maple Valley, Wa. 98038
Full name, age, relationship, address

Daniel R. Thomson, Youngest Son , 62
11702 98th Ave. NE, Apt 220, Kirkland Wa. 98034
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: July 14, 2024

Scott D. Thomson
Affiant's full name

206-786-2844
Telephone number

27421 SE 231st St.

Maple Valley Washington 98038

Cin State Zip Code

[Signature] July 14, 2024
Signature *Date*

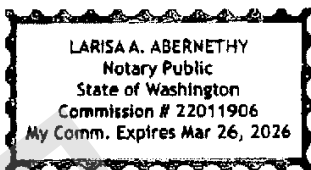
STATE OF WASHINGTON
COUNTY OF SKAGHT

Signed and sworn to (or affirmed) before me on this 19 day of July, 2026 by

[Signature]
Signature

Notary public
Title

My appointment expires: 3/26, 2026



Legal Description

Lot 121, "PLAT OF WOODSIDE PUD DIVISIONS 1 AND 2", recorded July 27, 2016, under Skagit County Auditor's File No. 201607270025.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2024-033397	DATE ISSUED: 07/17/2024 FEE NUMBER: 07/17/2024
FIRST AND MIDDLE NAME(S): ROBERT DAVID LAST NAME(S): THOMSON	
COUNTY OF DEATH: KING DATE OF DEATH: JULY 05, 2024 HOUR OF DEATH: 10:41 AM SEX: MALE AGE: 92 YEARS SOCIAL SECURITY NUMBER:	PLACE OF DEATH: HOSPICE FACILITY FACILITY OR ADDRESS: CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 23801 228TH AVE SE APT. 108 CITY, STATE, ZIP: MAPLE VALLEY, WA 98038 INSIDE CITY LIMITS: YES COUNTY: KING TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 5 MONTHS
BIRTH DATE: BIRTHPLACE: LOS ANGELES, CA.	FATHER: ROBERT ORD THOMSON MOTHER:
MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: FLINTOFT'S ISSAQUAH CREMATORY
OCCUPATION: OIL TRADER INDUSTRY: OIL EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: YES	CITY, STATE: ISSAQUAH, WASHINGTON DISPOSITION DATE: JULY 15, 2024
INFORMANT: SCOTT DAVID THOMSON RELATIONSHIP: SON ADDRESS: 27421 SE 231ST ST, MAPLE VALLEY, WA 98038	FUNERAL FACILITY: FLINTOFT'S FUNERAL HOME AND CREMATORY
CAUSE OF DEATH: A: GANGRENE INTERVAL: 2 WEEKS B: PERIPHERAL VASCULAR DISEASE INTERVAL: 4 YEARS C: INTERVAL: D: INTERVAL:	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: NOT APPLICABLE
OTHER CONDITIONS CONTRIBUTING TO DEATH:	CERTIFIER NAME: ISAAC A. BOHANNON TITLE: PHYSICIAN CERTIFIER ADDRESS: 12040 NE 128TH ST MS9 CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034 DATE SIGNED: JULY 06, 2024
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY: LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CASE REFERRED TO ME/CORONER: YES FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	LOCAL DEPUTY REGISTRAR: DARIN WISE DATE RECEIVED: JULY 12, 2024

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-132 (8/18)

 Health DOH 422-034 August 2019		Affidavit for Correction This is a legal document. Complete in ink and do not alter.		Mail to: 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
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:			2. Date 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)	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				
7. Return Mailing Address:					
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:			Printed name:		
Date:			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:					
<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)					
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.					
Birth Certificates					
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).					
Child under 18					
<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 Acknowledgment of Parentage form, last name can be changed once to either parent's 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)					
<ul style="list-style-type: none">• 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					
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.					
Marriage/Dissolution (Divorce) Certificates					
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.					

CERTIFIED
Kittitas Co. Public Health

JUL 17 2024

Mark W. Larson, M.D.

Dr. Mark W. Larson, M.D.
Health Officer



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