

## Return Address:

Anthony Michael Buettner41632 Lower Finney Creek RdConcrete WA 98237REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 08/21/2024

GNW 24-21128

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Anthony Michael Buettner, being first duly sworn  
*Name of Affiant*

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is son*Relationship to decedent*of Steven J. Buettner*Decedent/Grantor*who died on 6-12-2018*Date*at Concrete*City*Skagit*County*WA*State*

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: \_\_\_\_\_

Lot 8, Sun River Ranchettes (aka Tract 4, SP 91-030)Recording No. 9210190077 13-35N-7E

Assessor's Property Tax Parcel/Account Numbers: (List All)

P112672 4500-000-008-0600

(Attach full legal description(s) of the property)

☐ Decedent left no Last Will and Testament and no Community Property Agreement; or☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
(See attached copy) or☐ Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
an unrecorded agreement which has been attached hereto; or☒ Decedent left a will which is being/was probated in Skagit County,  
State of Washington as Superior Court Cause No. 19-4-00040-29

The Affiant declares that the following are all the “Heirs at Law” of the decedent; “Heirs at Law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent *(including those not inheriting part of the decedent’s estate)*:

Anthony Michael Buettner, son48			
Full name, age and relationship			
41632 Lower Finney Creek Rd, Concrete WA 98237			
Address	City	State	Zip
Ryan James Buettner, son52			
Full name, age and relationship			
210 W 3rd St, Mission Hill SC			
Address	City	State	Zip
Jeremy Buettner, son53			
Full name, age and relationship			
1252 Stonecrest Blvd, Tega Cay, SC 29708			
Address	City	State	Zip
Full name, age and relationship			
AddressCityStateZip			
Full name, age and relationship			
AddressCityStateZip			
Full name, age and relationship			
AddressCityStateZip			
Full name, age and relationship			
AddressCityStateZip			
Full name, age and relationship			
AddressCityStateZip			
Full name, age and relationship			
AddressCityStateZip			
Full name, age and relationship			
AddressCityStateZip			

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 100,000 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (☒) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never (☒) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 8-16-24

Anthony Michael Buettner

*Affiant's full name*

TS Buettner

*Telephone number*

41632 Lower Finney Creek Rd, Concrete WA 98237

*Street*

*City*

*State*

*Zip Code*

State of Washington

County of Snohomish

I know or have satisfactory evidence that Anthony Michael Buettner

*(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.

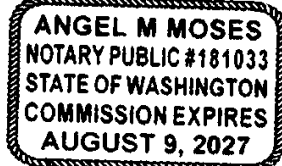
Dated: August 16, 2024

Angel M Moses

*Signature of Notary Public*

(SEAL OR STAMP)

Residing at Snohomish



Notary Public in and for the State of WA

My appointment expires: 8 9, 2027.

(Based on REV 84 0017 (1/3/17))

**EXHIBIT "A"**

The Land referred to herein below is situated in the County of Skagit, State of Washington and is described as follows:

Tract 4, Short Plat No. 91-030, approved October 19, 1992, recorded under Auditor's File No. 9210190077, records of Skagit County, Washington, being a portion of Lot 8 of "PLAT OF SUN RIVER RANCHETTES", as per plat recorded in Volume 14 of Plats, pages 55 and 56, records of Skagit County, Washington;

TOGETHER WITH a non-exclusive easement over a portion of Section 13, Township 35 North, Range 7 East, W.M., the Southeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$ , described as follows:

Beginning at the South  $\frac{1}{4}$  corner of said Section; thence North 0 degrees 36'28" East along the centerline of said Section, a distance of 1,119.40 feet to the North line of Lot 8 as shown on the "PLAT OF SUN RIVER RANCHETTES", as per plat recorded in Volume 14 of Plats, pages 55 and 56, records of Skagit County, Washington; thence continuing North 0 degrees 36'28" East, a distance of 30.04 feet to the North line of the 30 foot Lower Finney Creek Road shown on said plat; thence North 86 degrees 27'26" West along the North line of said road, a distance of 325.19 feet to the point of beginning of this description; thence North 72 degrees 59'26" West, a distance of 283.74 feet; thence North 54 degrees 54'26" West, a distance of 1,214.84 feet to the Southeasterly right-of-way line of the South Skagit Highway No. 360 as shown on said plat; thence South 57 degrees 42'30" West along said right-of-way line, a distance of 32.50 feet to the North line of Lower Finney Creek Road; thence South 54 degrees 54'26" East along the North line of said Lower Finney Creek Road, a distance of 142.11 feet; thence South 72 degrees 59'26" East along the North line of said Lower Finney Creek Road, a distance of 163.24 feet; thence South 86 degrees 27'26" East, along the North line of said Lower Finney Creek Road, a distance of 128.82 feet to the point of beginning of this description;

ALSO TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across the Northerly 30 feet of Tracts 1, 2 and 3 of said Short Plat as delineated thereon.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-026217

DATE ISSUED: 06/15/2018  
FEE NUMBER:FIRST AND MIDDLE NAME(S): STEVEN JAMES  
LAST NAME(S): BUETTNERCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 12, 2018  
HOUR OF DEATH: 06:56 AM  
SEX: MALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: SYLVANA, NYMARITAL STATUS: DIVORCED  
SPOUSE: NOT APPLICABLEOCCUPATION: SYSTEMS ANALYST  
INDUSTRY: AIRPLANE MANUFACTURING  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NOINFORMANT: RYAN BUETTNER  
RELATIONSHIP: SON  
ADDRESS: 16861 DONNELLY ROAD MOUNT VERNON, WA 98273CAUSE OF DEATH:  
A: IMMEDIATE CAUSE UNKNOWN  
INTERVAL: N/A  
B: CONGESTIVE HEART FAILURE  
INTERVAL: 2 YEARS  
C: TYPE TWO DIABETIC  
INTERVAL: 3 YEARS +  
D: HYPERTENSION  
INTERVAL: 3 YEARS +OTHER CONDITIONS CONTRIBUTING TO DEATH: ASTHMA, OBESITY,  
HYPERLIPIDEMIADATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED: N/A

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 41632 LOWER FINNEY CREEK ROAD  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237RESIDENCE STREET: 41632 LOWER FINNEY CREEK ROAD  
CITY, STATE, ZIP: CONCRETE, WA 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARSFATHER/PARENT: IVAN JOHN BUETTNER  
MOTHER/PARENT: PATRICIAMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLCCITY, STATE: OAK HARBOR, WASHINGTON  
DISPOSITION DATE: JUNE 14, 2018

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: RICK B. LEMLEYMANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: CATHERINE F. GAMBS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2116 EAST SECTION STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: JUNE 12, 2018CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: CATHERINE GAMBS, MDLOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JUNE 14, 2018

DON-422-132 (1-14)

Health		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504 7814 360-238-4300	
This is a legal document. Complete in ink and do not alter.					
STATE OFFICE USE ONLY					
State File Number		Fee Number		In tats	
Date		Affidavit Number			
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:		2. Date of Event:			
4. Father/Parent Full Legal 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 now shows:		The true fact is:			
8.		9.			
10.		11.			
12.		13.			
14.		15.			
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct					
16a. Signature:		16b. Signature of 2 <sup>nd</sup> parent (if required):			
Printed name:		Date:		Printed name:	
Date:					
INSTRUCTIONS - go to <a href="http://www.wa.gov">www.wa.gov</a> for more information					
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof					
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:					
<ul style="list-style-type: none"><li>Birth/Marriage/Divorce record</li><li>Military record (DD-214)</li><li>School transcripts</li><li>Social Security Numident Report</li><li>Certificate of Naturalization</li><li>Hospital/medical record</li><li>Passport</li><li>Green/Permanent Resident card (I-551)</li></ul>					
<b>Birth Certificates</b>					
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. Documentary proof must be five or more years old or established within five years of birth.					
<b>Child under 18</b>					
<ul style="list-style-type: none"><li>If legal guardian(s), include certified court order proving guardianship</li><li>Up to age one, last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names)*</li><li>After age one, a court order is required to change the last name</li><li>No proof is required to change the first or middle name*</li><li>To correct parent's information, one documentary proof is required.</li><li>To correct the sex of the child, one documentary proof from a medical provider is required</li></ul>					
<b>Adult (18 years or older)</b>					
<ul style="list-style-type: none"><li>Only the adult can change his or her birth certificate</li><li>If the first or middle name is missing, three pieces of documentary proof are required</li><li>If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li><li>To correct parent's birth date, place of birth, or name, one documentary proof is required</li></ul>					
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.					
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)					
<b>Death Certificates</b>					
1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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.					
<b>Marriage/Dissolution (Divorce) Certificates</b>					
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 documentary proof.					
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\***

JUN 15 2018

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

0 1 8 0 5 9 4 2

Certification valid only with the Seal of the State of Washington or proper electronic certification