

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
212547-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY BELEN MARTINEZ
DATE 08/30/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wade Wheeler 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

Son of William G. Wheeler
Relationship to decedent *Decedent/Grantor Name*

who died on 2/19/2009 at
Date

Mt. Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 5, Youngquist's Addn.

Assessor's Property Tax Parcel/Account Number: 4041-000-005-0008/P70355
(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)

Wade Russell Wheeler, 64, Son
2143 W Polo Green Ave., Post Falls ID 83854
Full name, age, relationship, address

Vicky Rose DuCharme, 71, Daughter
870 Patricia Ann Dr., Camano Island, WA 98282
Full name, age, relationship, address

Gail Louise Henry, 67, Daughter
8826 34th SW, Seattle, WA 98126
Full name, age, relationship, address

Marilyn Rose Wheeler, 75, spouse surviving,
11015 Kamb Rd Mount Vernon WA 98273
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: 08/23/2024
 Affiant's full name Wade Russell Wheeler
 Telephone number 208-610-8368
2143 W Polo Green Ave
Post Falls ^{Street} ID ^{State} 83854 ^{Zip Code}
W.R. Wheeler ^{City} ^{Signature} 8/23/2024 ^{Date}

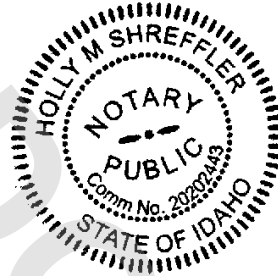
STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 23rd day of August, 2024 by
Holly Shreffler, Wade Wheeler

HSS
Signature

SATS Coordinator
Title

My appointment expires: 7/1/2024, 2024



Legal Description

Lot 5, "YOUNGQUIST'S ADDITION", as per plat recorded in Volume 7 of Plats, page 72, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.



Affidavit for Correction

Center for Health Statistics
400 5th Ave
PO Box 460000
98146-0000

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

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event (City or County): _____

4. Father's Full Name (For Birth); (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth); (Wife for Marriage or Dissolution)

The Record is Incomplete or Incomplete as follows:

The Record now shows:

The True Fact is:

6. _____

8. _____

10. _____

12. _____

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify): _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All other records are registered as received. All facts may be corrected by affidavit only in fact. Subsequent changes must be made by court order. The corrected certificate must be returned with this page of the certificate to request a replacement copy sent to you.

All changes must be established by documentary proof submitted with the Friday 1

Example of documentary proof	Consulate of Registration	Medical Record	School Record
1. _____	Hospital Records	Marriage Record (date 214)	State's Registration Card (Birth Date and effective date)
2. _____	Insurance Records	Birth Record	Alien Registration Card (front and back)
3. _____	Management Record	Funeral	

- Birth Certificate:
1. Only a parent, legal guardian of the child under 18, or the adult immediate in fact or proxy may change the birth certificate.
 2. The proxy must make exactly the asserted true fact. For example, if the child's name is Mary Ann Doe, then the proxy must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
 3. Proof must be for the child's age or have been established within five years of birth.
 4. Up to age one, the parent(s) to have custody may create the child's last name with an affidavit for correction, to avoid the child's name only change. Subsequent changes will require a certified copy of a court order or name change. The new last name may be the mother's name, father's name, or other's name, or based on the certificate, or any combination of the two. After age one last name changes require a certified copy of a court order or name change. Minor name changes may be made with an affidavit and certified copy proof.
 5. Parents may change their child's last or middle name by completing and signing an affidavit for correction for their child's birth certificate.
 6. This affidavit cannot be used to add a father to a birth certificate. Use this affidavit and cover form DOH 049-021.

- Death Certificate:
1. Only the informant, the funeral director or executor, administrator, or certain other persons in positions mentioned may create the most medical information.
 2. The name of informant (cause of death) may be changed only by the certifying physician or the coroner's medical examiner.
 3. If a correction is requested, please contact the county health department where the death occurred to make changes.

- Marriage/Dissolution Certificate Certificate:
1. Personal identifying information (name, date of birth, or residence) may be changed by affidavit with proof by the doctor.
 2. To change the date or place of marriage or dissolution, the official marriage or dissolution certificate must be replaced with a corrected certificate.

Corrections (2-1-2024)



FEB 24 2009

Handwritten Signature
 King County Health Department
 Records and Medical Health Office

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