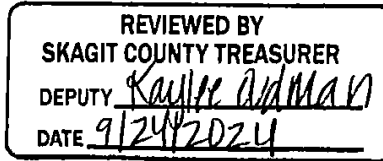




202409240079

09/24/2024 02:43 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

**Return Address:**  
Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221  
211581-LT



### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Ronald Wilmot, 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

Surviving Spouse of  
Mary Blinkhorn Wilmot,  
*Relationship to decedent* *Decedent/Grantor Name*

who died on August 2, 2022 at  
*Date*

Mukilteo Snohomish Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 891, Amended Shelter Bay, Div. 5 & Lot 476, Shelter Bay, Div. 3 & Lot 350, Revised Shelter Bay, Div. 2

Assessor's Property Tax Parcel/Account Number: S3302020468/5100-005-891-0000/P129537 & S340235118/5100-002-350-0000/P129169 & S3302020177/5100-003-476-0000/P84473  
(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)

Ronald Wilmot, Age: 89, Surviving Spouse

10200 Harbour Place #217, Mukilteo, WA 98275

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

Full name, age, relationship, address

Dated: 9/18/24Ronald L. Wilmot  
Affiant's full name(425) 314-3530  
Telephone number

10200 Harbour Place #217

Street

Mukilteo

WA

98275

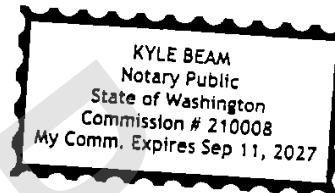
City

State

Zip Code

Ronald Wilmot  
Signature9/18/24  
(Date)

STATE OF WASHINGTON

COUNTY OF SnohomishSigned and sworn to (or affirmed) before me on this 18 day of Sept, 2024 by Ronald L. Wilmot.[Signature]  
SignatureNotary  
TitleMy appointment expires: 9-11, 2027

**Legal Description**

Lot 891, "AMENDED SURVEY OF SHELTER BAY DIV. 5, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded on June 2, 1976, as recorded in Volume 1 of Surveys, pages 184 through 186, inclusive, records of Skagit County, Washington, under Auditor's File No. 836134.

Situate in the County of Skagit, State of Washington.

Lot 476, SURVEY OF SHELTER BAY, DIVISION NO. 3, Tribal Allotted Lands of Swinomish Indian Reservation, as recorded in Volume 43 of Official Records, pages 839 through 842, under Recording No. 737014, and amendment thereof recorded in Volume 66 of Official Records, page 462, under Recording No. 753731, records of Skagit County, Washington.

Lot 350, REVISED MAP OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservations, as recorded March 17, 1970, in Volume 43 of Official Records, pages 833 through 838, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.



# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-039999

LOCAL FILE NUMBER: 9601

DATE ISSUED: 08/08/2022

FEE NUMBER: 310822

FIRST AND MIDDLE NAME(S): MARY BLINKHORN  
LAST NAME(S): WILMOT

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: AUGUST 02, 2022  
HOUR OF DEATH: 09:30 PM  
SEX: FEMALE AGE: 84 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SALEM, OR

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: RONALD LEONARD WILMOT

OCCUPATION: SECRETARY  
INDUSTRY: FAITH MINISTRIES  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: JEFFREY MARK WILMOT  
RELATIONSHIP: SON  
ADDRESS: PO BOX 1795, EVERETT, WA 98206

CAUSE OF DEATH:  
A: DEMENTIA DUE TO PARKINSON'S DISEASE  
INTERVAL: 1 YEAR

B:  
INTERVAL:

C:  
INTERVAL:

D:  
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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: MUKILTEO MEMORY CARE  
CITY, STATE, ZIP: MUKILTEO, WASHINGTON 98275

RESIDENCE STREET: 4686 POINTS DRIVE #211  
CITY, STATE, ZIP: MUKILTEO, WA 98275  
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER: ED BLINKHORN  
MOTHER: IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: AUGUST 08, 2022

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE

ADDRESS: 1910 120TH PLACE SE, #102  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98208  
FUNERAL DIRECTOR: CHAR C. BARRETT

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: NO RESPONSE

CERTIFIER NAME: MELISSA LAMBERTSON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2930 MAPLE ST  
CITY, STATE, ZIP: EVERETT, WASHINGTON 982014261  
DATE SIGNED: AUGUST 03, 2022

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

LOCAL DEPUTY REGISTRAR: LEAH BRETLAND  
DATE RECEIVED: AUGUST 08, 2022

**Affidavit for Correction**

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

08/24/2024 02:14 PM PH066-065  
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
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<b>Required</b>	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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				
7. Return Mailing Address: PO Box or Street Address City State Zip					
Telephone Number: Email Address:					

<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>	
<b>The record currently shows:</b>	<b>The true fact is:</b>
8.	9.
10.	11.
12.	13.

<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>			
14a. Signature:		14b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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:

- 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**

- 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 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.

**Adult (18 years or older)**

- 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.

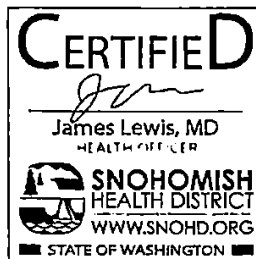
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**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.



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

