

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
213407-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Shannon Burrow
DATE 09/30/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Patricia M. Brink, 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
James E. Brink
Relationship to decedent *Decedent/Grantor Name*

who died on 09/13/2020 at
Date

Sedro-Woolley Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 2, Sedro-Woolley SP No. SW-01-94

Assessor's Property Tax Parcel/Account Number: 350423-1-011-0200/P113459
(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)

PATRICIA MARY BRINK, 83, SURVIVING SPOUSE
3690 N. CLARET RD, WOODLAND, MI 48897
Full name, age, relationship, address

JAMES W. BRINK, 50, SON
MICHIGAN
Full name, age, relationship, address

KELLY COLLEEN BRINK, 49, DAUGHTER
SURRETT, WASH.
Full name, age, relationship, address

Dated: 09.27.2024

Patricia M. Brink
Affiant's full name

(360) 856-6895
Telephone number

3090 N. CLARK ROAD

Street

WOODLAND MI 48897

City

State

Zip Code

Pat M Brink
Signature

9/27/24
Date

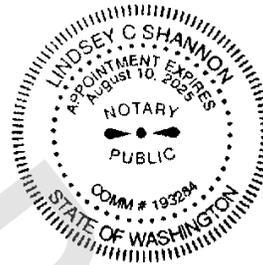
STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 27th day of September, 2024 by Patricia M. Brink.

[Signature]
Signature

Notary
Title

My appointment expires: Oct. 10, 2025



Legal Description

Lot 2, Sedro-Woolley Short Plat No. SW-01-94, approved May 12, 1994, and recorded May 16, 1994, in Volume 11 of Short Plats, page 74, under Auditor's File No. 9405160137, records of Skagit County, Washington; being a portion of the Southeast 1/4 of the Northeast 1/4, Section 23, Township 35 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-042100

DATE ISSUED: 09/14/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES EDWARD
LAST NAME(S): BRINK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 13, 2020
HOUR OF DEATH: 08:15 AM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 400 TROUPE LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284-4354

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

RESIDENCE STREET: 400 TROUPE LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-4354
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE:
BIRTHPLACE: GRAND RAPIDS, MI

FATHER: EDWARD BRINK
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PATRICIA MARY BETTS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: CONTRACTOR
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 14, 2020

INFORMANT: PATRICIA MARY BRINK
RELATIONSHIP: WIFE
ADDRESS: 400 TROUPE LANE, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DAVID P. BRADLEY

- CAUSE OF DEATH:
- A. COMBINED SYSTOLIC AND DIASTOLIC CONGESTIVE HEART FAILURE
INTERVAL: YEARS
- B. DIFFUSE ATHEROSCLEROTIC VASCULAR DISEASE
INTERVAL: YEARS
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH EMPHYSEMA

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: SEPTEMBER 13, 2020

LOCATION OF INJURY:

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

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: SEPTEMBER 14, 2020



Affidavit for Correction

09/30/2024 02:56 PM Pacific 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

Record Type: Birth Death Marriage Dissolution (Divorce)
1. Name on Record: 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)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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 2nd parent (if required):
Printed name: Date: Printed name: 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:
• 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 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.
*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.
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.

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

SEP 14 2020

Howard Leibrand

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



0 4 1 4 1 0 4 9

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