

Return Address:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
213293-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Shannon Burrow
DATE 10/01/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Nancy Wilson 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

Spouse of Richard A Wilson
Relationship to decedent *Decedent/Grantor Name*

who died on 3-30-24 at
Date

Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Unit 102E, Mountain View Condominium, Phase 2

Assessor's Property Tax Parcel/Account Number: 4662-000-102-0000/P107819
(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)

mom

LEE

NANCY Wilson 86 yrs - spouse
4707 Glasgow Way Anacortes WA 98221

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

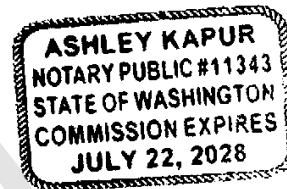
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 9-14-24Affiant's full name NANCY LEE WilsonTelephone number 253-307-83984707 Glasgow WACity Abbotsford State WAZip Code 98221Signature Nancy L WilsonDate 9-14-24STATE OF WASHINGTON
COUNTY OF ~~SKAGIT~~ PIERCE (AK)Signed and sworn to (or affirmed) before me on this 14th day of Sept., 2024 by
Nancy Lee WilsonSignature Ashley KapurTitle Notary PublicMy appointment expires: 07/22, 20 28

Legal Description

Unit 102E, Mountain View Condominium, Phase 2, according to Supplemental Declaration thereof, recorded under Auditor's File No. 9509180111, Amended Survey Map and Plans thereof recorded in Volume 16 of plats, pages 73 to 75, records of Skagit County, Washington.

Situate in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTHDATE ISSUED: 04/03/2024
FEE NUMBER: 2715

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-015868

FIRST AND MIDDLE NAME(S): RICHARD ALLEN
LAST NAME(S): WILSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 30, 2024
HOUR OF DEATH: 08:10 PM
SEX: MALE AGE: 92 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTHPLACE: TACOMA, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: NANCY SHOUSEOCCUPATION: FIRE FIGHTER
INDUSTRY: FIRST RESPONDER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: NANCY WILSON
RELATIONSHIP: WIFE
ADDRESS: 1420 29TH STREET, ANECORTES, WASHINGTON 98221CAUSE OF DEATH:
A: CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE
INTERVAL: UNKNOWN
B: VALVULAR HEART DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: STAGE 3B CHRONIC KIDNEY
DISEASE, PULMONARY HYPERTENSION, ATRIAL FIBRILLATION, DUODENAL
ULCER, GASTRITIS, ANEMIADATE 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: DECEDENT'S HOME
FACILITY OR ADDRESS: 1420 29TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 1420 29TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221-3815
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARSFATHER: LEONARD WILSON
MOTHER:METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNTAIN VIEW CEMETERYCITY, STATE: LAKEWOOD, WASHINGTON
DISPOSITION DATE: APRIL 19, 2024

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME - LAKEWOOD

ADDRESS: PO BOX 99947
CITY, STATE, ZIP: LAKEWOOD, WASHINGTON 98496
FUNERAL DIRECTOR: ROBERT G. JOHNSTONMANNER 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: NOT APPLICABLECERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 01, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 03, 2024



Affidavit for Correction

10/01/2024 10:25 AM
 Mail to: Center for 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: <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:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	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:	
()				
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:			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 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)				
<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. 				
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.				

This is a true and exact certification of the record
 Officially registered and on file with the Washington
 State Department of Health, issued under the
 Authority of chapter 70.58A RCW

CERTIFIED



Anthony L. Chen, MD, MPH
 DIRECTOR

DO NOT DESTROY

2709772

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



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