



202411150061

11/15/2024 01:41 PM Pages: 1 of 7 Fees: \$309.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 2939
NOV 15 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By *LT* Deputy

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 53435 Rockport Cascade Rd, Rockport, WA 98283 and no site address
Legal: The SE1/4 of the SE1/4 of Sec. 15, Twp 35 N., R. 10 E. WM
PTN GV LT 4 AKA E1/2 in area TR 3 Surv Map Aka EAGLE VISTA AF #842262
Parcel No.: P45359 / 351015-4-003-0009, P45360 / 351015-4-004-0008,
P45361 / 351015-4-005-0007 & P30751 / 340901-0-009-0704

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, ARTHUR W. OLSON, executes this affidavit relating to the estate of CHRISTIE L. FAIRCHILD, the Decedent, who died on May 5, 2021, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

ARTHUR W. OLSON, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):
- The lawful surviving spouse of the Decedent
 - Registered domestic partner of the Decedent
 - Surviving child of the Decedent
 - One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 - Other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Arthur W. Olson 53435 Rockport Cascade Rd Rockport, WA 98283	LEGAL	Spouse

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

See attached Exhibit A for Legal Descriptions.

5. **Status of the Will (if any)**

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent's estate is not being probated.

The decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

- (1) Share of surviving spouse or state registered domestic partner.
The surviving spouse or state registered domestic partner shall receive the following share:
 - (a) All of the decedent's share of the net community estate.

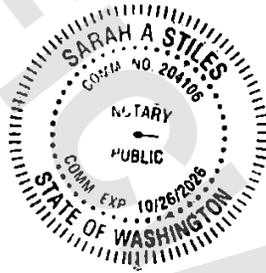
DATED: 10/14, 2024

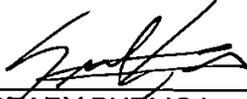
Arthur W. Olson
Arthur W. Olson - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Arthur W. Olson** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 16th day of October, 2024.





NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 10-26-26

EXHIBIT A
Legal Descriptions

Tax Parcel Number(s):

P45359 / 351015-4-003-0009, P45360 / 351015-4-004-0008 & P45361 / 351015-4-005-0007

The Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 15, Township 35 North, Range East, W.M.

TOGETHER WITH a on-exclusive easement as established by document recorded as Auditor's File No. 200511140270 for ingress, egress and utilities over, across and under the East 60 feet of the Northeast $\frac{1}{4}$ of the Northeast $\frac{1}{4}$ of Section 22, Township 35 North, Range 10 East, W.M. EXCEPT the State Highway along the South line of said Northeast $\frac{1}{4}$ of the Northeast $\frac{1}{4}$.

Tax Parcel Number(s):

P30751 / 340901-0-009-0704

The East one-half of Tract 3 of parcel map and survey known as "EAGLE VISTA", approved September 9, 1976, recorded September 9, 1976 under Auditor's File No. 842262, in Volume 1 of Short Plats, page 165, being a portion of Government Lots 4 and 6 of Section 1, Township 34 North, Range 9 East, W.M.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across a driveway located on the North 24 feet of the West one-half of said tract 3 of Parcel Map and Survey known as "EAGLE VISTA".

Situate in the County of Skagit, State of Washington.



Right to Manage Natural Resource Lands Disclosure

Skagit County's policy is to enhance and encourage Natural Resource Land management by providing County residents notification of the County's recognition and support of the right to manage Natural Resource Lands, e.g., farm and forest lands.

Skagit County Code 14.38.030(2) requires, in specified circumstances, recording of the following disclosure in conjunction with the deed conveying the real property:

This disclosure applies to parcels designated or within 1 mile of designated agricultural land or designated or within 1/4 mile of rural resource, forest or mineral resource lands of long-term commercial significance in Skagit County.

A variety of Natural Resource Land commercial activities occur or may occur in the area that may not be compatible with non-resource uses and may be inconvenient or cause discomfort to area residents. This may arise from the use of chemicals; or from spraying, pruning, harvesting or mineral extraction with associated activities, which occasionally generates traffic, dust, smoke, noise, and odor. Skagit County has established natural resource management operations as a priority use on designated Natural Resource Lands, and area residents should be prepared to accept such incompatibilities, inconveniences or discomfort from normal, necessary Natural Resource Land operations when performed in compliance with Best Management Practices and local, State, and Federal law.

In the case of mineral lands, application might be made for mining-related activities including extraction, washing, crushing, stockpiling, blasting, transporting and recycling of minerals. If you are adjacent to designated NR Lands, you will have setback requirements from designated NR Lands.

Washington State Law at RCW 7.48.305 also establishes that:

...agricultural activities conducted on farmland and forest practices, if consistent with good agricultural and forest practices and established prior to surrounding nonagricultural and nonforestry activities, are presumed to be reasonable and shall not be found to constitute a nuisance unless the activity or practice has a substantial adverse effect on public health and safety. ...An agricultural activity that is in conformity with such laws and rules shall not be restricted as to the hours of the day or day or days of the week during which it may be conducted.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-021812

DATE ISSUED: 05/26/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHRISTIE LEE
LAST NAME(S): FAIRCHILD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 05, 2021

HOUR OF DEATH: 02:55 PM

SEX: FEMALE AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: HOLLYWOOD, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ARTHUR OLSON

OCCUPATION: BACK COUNTRY RANGER / EDUCATOR

INDUSTRY: NATIONAL PARKS

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: ARTHUR OLSON

RELATIONSHIP: HUSBAND

ADDRESS: 53435 ROCKPORT CASCADE RD. ROCKPORT WA 98283

CAUSE OF DEATH:

A: AMYOTROPHIC LATERAL SCLEROSIS
INTERVAL: 3 YEARSB:
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: HOME

FACILITY OR ADDRESS: 53435 ROCKPORT CASCADE RD

CITY, STATE, ZIP: ROCKPORT, WASHINGTON 98283

RESIDENCE STREET: 53435 ROCKPORT CASCADE RD

CITY, STATE, ZIP: ROCKPORT, WA 98283

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: ROY WARREN FAIRCHILD

MOTHER: VERNA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MAY 10, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: ADAM J. CRENNAN

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: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MAY 06, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: MAY 07, 2021



Affidavit for Correction

11/15/2024 01:14 PM Page 1 of 2
Marriage 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
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Required	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 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: 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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2 nd 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:

- 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.
- 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.

CERTIFIED

MAY 26 2021

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



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