

Return Address:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
213771-LT

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY BELEN MARTINEZ
 DATE 11/22/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Marilyn Saylor, 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 Dale Henry Saylor
Relationship to decedent *Decedent/Grantor Name*

who died on May 4, 2024 at
Date

Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 37, Skyline No. 1

Assessor's Property Tax Parcel/Account Number: 3817-000-037-0004/P59042
 (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)

Marilyn Saylor Spouse 8602 Midvale Rd. Yuma WA 98908
Full name, age, relationship, address 84

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

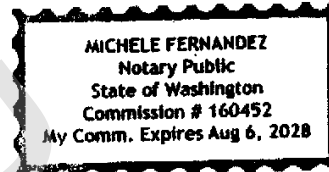
Dated: 11/20/2024
Affiant's full name Marilyn Saylor
Telephone number (360) 641-0100
8602 Medvale Road
Yakima WA 98908
City State Zip Code
Marilyn Saylor 11-20-2024
Signature Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 20 day of Nov, 2024 by
Marilyn Saylor

Michele Fernandez
Signature
notary public
Title

My appointment expires: 8/6, 2028



Legal Description

Lot 37, "SKYLINE NO. 1," as per plat recorded in Volume 8 of Plats, pages 49 and 50, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-022532

DATE ISSUED: 10/24/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DALE HENRY
LAST NAME(S): SAYLER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 04, 2024

HOUR OF DEATH: 09:50 AM

SEX: MALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: UNKNOWN, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARILYN DIANE RAYMOND

OCCUPATION: PRINCIPAL

INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: MARILYN DIANE SAYLER

RELATIONSHIP: WIFE

ADDRESS: 5706 ROSARIO WAY ANACORTES, WA 98221

CAUSE OF DEATH:

A: DEMENTIA, LIKELY VASCULAR

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DYSPHAGIA WITH WEIGHT LOSS

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 5706 ROSARIO WAY

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5706 ROSARIO WAY

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: DAVID SAYLER

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: MAY 10, 2024

FUNERAL FACILITY: NEPTUNE SOCIETY - PIERCE

ADDRESS: 3730 S. PINE STREET

CITY, STATE, ZIP: TACOMA, WASHINGTON 98409

FUNERAL DIRECTOR: JEREMY R. WAKE

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: NOT APPLICABLE

CERTIFIER NAME: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MAY 06, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: MAY 10, 2024

Affidavit for Correction 11/22/2024 03:04 PM

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

Page 8 of 8
Office of 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										
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: _____		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: _____ Last/Maiden: _____		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____ Middle: _____ Last/Maiden: _____												
6. Name of Person Requesting Correction: _____ <table style="float: right; margin-top: -20px;"> <tr> <td>Relationship to Person on Record:</td> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/> Guardian</td> <td><input type="checkbox"/> Informant</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Parent(s)</td> <td><input type="checkbox"/> Funeral Director</td> <td colspan="2"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>					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) _____	
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 foregoing is true and correct.														
14a. Signature: _____		14b. Signature of 2nd parent (if required): _____												
Printed name: _____		Date: _____		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: <table style="width: 100%; margin-top: 5px;"> <tr> <td>• Birth/Marriage/Divorce record</td> <td>• Military record (DD-214)</td> <td>• School transcripts</td> <td>• Social Security Numident Report</td> </tr> <tr> <td>• Certificate of Naturalization</td> <td>• Hospital/medical record</td> <td>• Copy of Passport / Enhanced ID</td> <td>• Green/Permanent Resident card (I-551)</td> </tr> </table> You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.					• 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)		
• 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)											
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		Adult (18 years or older)												
• 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.		• 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

Neil Barg, M.D.
Health Officer
Yakima Health District

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



0 7 2 6 7 5 1 6