

## Return Address:

Eric A. Peterson  
1809 Creekside Place  
Anacortes WA 98221

REVIEWED BY  
 SKAGIT COUNTY TREASURER  
 DEPUTY Lena Thompson  
 DATE 12/03/2024

GNW 24-20346

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Eric A. Peterson, being first duly sworn  
*Name of Affiant*

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Spouse  
*Relationship to decedent*

of Margaret Patricia Peterson, who died on 10/21/18  
*Decedent/Grantor Date*

at Edmonds Snohomish WA  
*City County State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lts 9-10 & Pt N Lts 11-13, B1K96  
Map of the City of Anacortes

Assessor's Property Tax Parcel/Account Number: P55588  
 (Attach full legal description of the property) 3772-096-013-0003

☒ 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)

\_\_\_\_\_  
Full name, age, relationship, address

Eric A. Peterson, 72, spouse  
1809 Creekside Pl., Anacortes WA 98221

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

Dated: DECEMBER 02, 2024Eric A. Peterson

Affiant's full name

360-488-5537

Telephone number

1809 Creekside PlaceAnacortes WA 98221City State Zip CodeEric A. Peterson 12/02/2024

Signature

Date

State of WA County of SkagitI know or have satisfactory evidence that Eric A. Peterson  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12/2/24(SEAL OR  
STAMP)[Signature]  
Signature of Notary PublicResiding at: Sedro WoolleyNotary Public in and for the State of WAMy appointment expires: 6/19/25

**EXHIBIT "A"**  
**Property Description**

**Closing Date:** December 3, 2024

**Buyer(s):** Ann Irene Lundquist

**Property Address:** 1107 & 1109 L Avenue, Anacortes, WA 98221

**PROPERTY DESCRIPTION:**

All of Lots 9 and 10, the North 20 feet of Lots 11 and 12, and the North 20 feet of the West 10 feet of Lot 13, Block 96, MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON, as per plat recorded in Volume 2 of Plats, page 4, 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: 2018-046202	LOCAL FILE NUMBER: 4204
DATE ISSUED: 02/07/2020 FEE NUMBER: 310220	
FIRST AND MIDDLE NAME(S): MARGARET PATRICIA LAST NAME(S): PETERSON	
AKA: PEGGY PETERSON	
COUNTY OF DEATH: SNOHOMISH	PLACE OF DEATH: HOME
DATE OF DEATH: OCTOBER 21, 2018	FACILITY OR ADDRESS: 10623 229TH PLACE SW
HOUR OF DEATH: UNKNOWN	CITY, STATE, ZIP: EDMONDS, WASHINGTON 98020
SEX: FEMALE	AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]	RESIDENCE STREET: 10623 229TH PLACE SW
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO	CITY, STATE, ZIP: EDMONDS, WA 98020
RACE: WHITE	INSIDE CITY LIMITS: YES
BIRTH DATE: [REDACTED]	COUNTY: SNOHOMISH
BIRTHPLACE: MONTGOMERY, AL	TRIBAL RESERVATION: NOT APPLICABLE
MARITAL STATUS: MARRIED	LENGTH OF TIME AT RESIDENCE: 22 YEARS
SURVIVING SPOUSE: ERIC PETERSON	FATHER: JOHN ARTHUR CALLAHAN
OCCUPATION: PHARMACIST	MOTHER: [REDACTED]
INDUSTRY: INDEPENDENT	METHOD OF DISPOSITION: CREMATION
EDUCATION: MASTER'S DEGREE	PLACE OF DISPOSITION: NW PREFERRED CREMATORY
US ARMED FORCES: NO	CITY, STATE: MOUNTLAKE TERRACE, WASHINGTON
INFORMANT: ERIC PETERSON	DISPOSITION DATE: OCTOBER 25, 2018
RELATIONSHIP: HUSBAND	FUNERAL FACILITY: BECK'S TRIBUTE CENTER
ADDRESS: 10623 229TH PLACE SW, EDMONDS, WA 98020	ADDRESS: 405 5TH AVENUE S.
CAUSE OF DEATH:	CITY, STATE, ZIP: EDMONDS, WASHINGTON 98020
A: ACUTE COMBINED ALCOHOL AND METHADONE INTOXICATION	FUNERAL DIRECTOR: CRAIG A. NELSON
INTERVAL: HOURS	
B:	
INTERVAL:	
C:	
INTERVAL:	
D:	
INTERVAL:	
OTHER CONDITIONS CONTRIBUTING TO DEATH:	
DATE OF INJURY: OCTOBER 20, 2018	MANNER OF DEATH: ACCIDENT
HOUR OF INJURY: UNKNOWN	AUTOPSY: YES
INJURY AT WORK: NO	WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
PLACE OF INJURY: UNKNOWN	CAUSE OF DEATH: YES
LOCATION OF INJURY: UNKNOWN	DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
CITY, STATE, ZIP: UNKNOWN, UNKNOWN	PREGNANCY STATUS IF FEMALE: NO RESPONSE
COUNTY:	CERTIFIER NAME: JOHN M. LACY, MD
DESCRIBE HOW INJURY OCCURRED: TOXIC USE DRUGS AND BEVERAGE	TITLE: CORONER/ME
ALCOHOL	CERTIFIER ADDRESS: 9509 29TH AVENUE WEST
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	CITY, STATE, ZIP: EVERETT, WA 98204
	DATE SIGNED: OCTOBER 22, 2018
	CASE REFERRED TO ME/CORONER: YES
	FILE NUMBER: SCME 161021-145
	ATTENDING PHYSICIAN: NOT APPLICABLE
	LOCAL DEPUTY REGISTRAR: JESSICA L. DYKSTRA
	DATE RECEIVED: OCTOBER 24, 2018

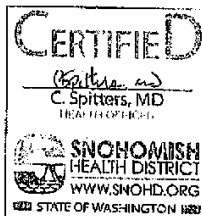
NOT VALID IF PHOTOCOPIED OR ALTERED

DOR 422-132 (8/16)

Affidavit for Correction		Malt 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
Required information must match current information on record		Affidavit Number	
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:			
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: <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:			
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 now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct			
16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
INSTRUCTIONS -- go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information			
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof			
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:			
<ul style="list-style-type: none"><li>• Birth/Marriage/Divorce record</li><li>• Military record (DD-214)</li><li>• School transcripts</li><li>• Social Security Number Report</li><li>• Certificate of Naturalization</li><li>• Hospital/medical record</li><li>• Passport</li><li>• Green/Permanent Resident card (I-551)</li></ul>			
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. Documentary proof must be five or more years old or established within five years of birth			
Child under 18			
<ul style="list-style-type: none"><li>• If legal guardian(s), include certified court order proving guardianship</li><li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li><li>• After age one, a court order is required to change the last name</li><li>• No proof is required to change the first or middle name*</li><li>• To correct parent's information, one documentary proof is required.</li><li>• To correct the sex of the child, one documentary proof from a medical provider is required</li></ul>			
Adult (18 years or older)			
<ul style="list-style-type: none"><li>• Only the adult can change his or her birth certificate</li><li>• If the first or middle name is missing, three pieces of documentary proof are required</li><li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li><li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li></ul>			
*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.			
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)			
Death Certificates			
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof			
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			

DOH 422-031 January 2015

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



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