

Return Address:

Land Title and Escrow Company
111 East George Hopper Road
Burlington, WA 98233
213860-LT

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Kaylee Oudman
 DATE 12/19/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Violet E. Walton 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 *Relationship to decedent* or John E. Walton *Decedent/Grantor Name*

who died on 2/18/2024 at
Date

Anacortes *City* Skagit *County* Washington *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 13B, SP ANA-99-003, AFN 9904120122, being a ptn of Lot 13, Harbor View Estates

Assessor's Property Tax Parcel/Account Number: 4613-000-013-0100/P115499
 (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)

Violet E. Walton, 95, Spouse

1300 O Ave Apt. 344 Anacortes, WA 99221

Full name, age, relationship, address

Karen K. Walton-Rolls, 57, Child

14110 113th Ave NE Kirkland, WA 98034

Full name, age, relationship, address

Norene G. Sterling, 55, Child,

2424 59th St. #101 Seattle, WA 98107

Full name, age, relationship, address

Joseph A. Sterling, 23, Grandchild

2424 59th St. #101 Seattle, WA 98107

Full name, age, relationship, address

Autumn M. Rolls, 17, Grandchild

14110 113th Ave NE Kirkland, WA 98034

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12-18-24Violet E. Walton

Affiant's full name

360-941-5088

Telephone number

1300 O Ave Apt. 344Anacortes

City

Street

WA

State

98221

Zip Code

Violet E. Walton

Signature

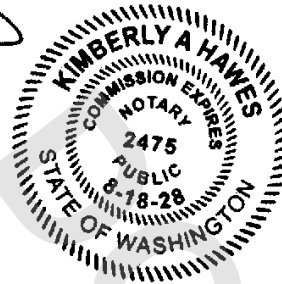
Date

STATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 18th day of Dec., 2024 byViolet E. Walton[Signature]

Signature

LO

Title

My appointment expires: Aug. 18, 2028

Legal Description

Lot 13B, CITY OF ANACORTES SHORT PLAT NO. ANA-99-003, approved April 2, 1999, recorded April 12, 1999, under Auditor's File No. 9904120122, records of Skagit County, Washington; being a portion of Lot 13, "HARBOR VIEW ESTATES," as per plat recorded in Volume 15 of Plats, pages 117 and 118, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-008275

DATE ISSUED: 02/22/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN EUGENE
LAST NAME(S): WALTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 18, 2024
HOUR OF DEATH: 12:15 PM

SEX: MALE AGE: 93 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: VIOLET RIES

OCCUPATION: BASKETBALL COACH
INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: VIOLET WALTON
RELATIONSHIP: WIFE
ADDRESS: 1300 O AVE, ANACORTES, WA, 98221

CAUSE OF DEATH:

A: ANEMIA

INTERVAL: 1 YEARS

B: MYELODYSPLASTIC SYNDROME

INTERVAL: 10 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: B CELL LYMPHOMA IN
REMISSION

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 1105 27TH ST
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1300 O AVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: UNKNOWN
MOTHER:

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MARCH 01, 2024

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSON

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: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: FEBRUARY 19, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: FEBRUARY 22, 2024

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

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

202412190029

Mail to: Center for Health Statistics
12/19/2024 10:56 AM Page 6 of 6
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:		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 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
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 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.

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

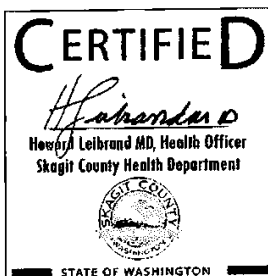
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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