

**Return Address:**  
Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221  
212716-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Kaylee Oudman  
DATE 01/17/2025

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Joan A. Pierson, 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

Surviving Spouse of  
Richard William Pierson,  
*Relationship to decedent* *Decedent/Grantor Name*

who died on March 27, 2021 at  
*Date*

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

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**  
Abbreviated Legal Description: Lots 24 and 25, Pointe Division No. 3

Assessor's Property Tax Parcel/Account Number: 4545-000-025-0004/P95592  
(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)

Surviving spouse

Joan Askey Pearson 4120 San Juan Blvd  
Full name, age, relationship, address Anacortes WA 98221

Nolly Christy-Maricield, daughter  
Full name, age, relationship, address 569 NE Hamden St  
WA 98370

Heidi K. Pearson, daughter  
Full name, age, relationship, address 111 E. 6th Street  
Tacoma WA 98404

Sidney Pearson, brother  
Full name, age, relationship, address

Kristi Lynn Pearson, daughter  
Full name, age, relationship, address

Samantha Christy  
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: January 14 2025

Joan Askev Pierson  
Affiant's full name

(928) 890-8118  
Telephone number

PO Box 1686  
Street  
Anacortes WA 98221  
City State Zip Code

Lori Weeks guardian for Joan Pierson 1-14-25  
Signature Date

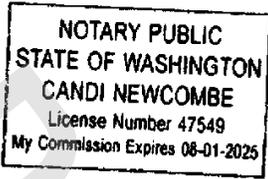
STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 14 day of January, 2025 by Lori Meredith Weeks,  
Guardian of Joan A. Pierson.

Candi Newcombe  
Signature

Notary Public  
Title

My appointment expires: 8/1, 2025



**Legal Description**

Lots 24 and 25, "PLAT OF THE POINTE DIV. NO. 3," as per plat recorded in Volume 14 of Plats, pages 151, 152 and 153, records of Skagit County, Washington.

TOGETHER WITH a non-exclusive, perpetual easement for ingress, egress and utilities over, under and across the following described property:

Beginning at the Northeast corner of Lot 25 of the "PLAT OF THE POINTE DIV. NO. 3," as per plat recorded in Volume 14 of Plats, pages 151, 152 and 153, records of Skagit County, Washington, under Auditor's File No. 9011050014, being the true point of beginning, and commencing East a distance of 40.0 feet along a curve; thence commencing in a Southwesterly direction a distance of approximately 85.0 feet to a point located South  $13^{\circ}18'53''$  West a distance of 65.73 feet from the true point of beginning; thence North  $13^{\circ}18'53''$  East a distance of 65.73 feet to the true point of beginning.

(Also known as Boundary Line Adjustment recorded under Auditor's File No. 201601250039.)

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-014737

DATE ISSUED: 03/30/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD WILLIAM  
LAST NAME(S): PIERSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 27, 2021  
HOUR OF DEATH: 02:35 PM  
SEX: MALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 4120 SAN JUAN BLVD  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 4120 SAN JUAN BLVD  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

BIRTH DATE:  
BIRTHPLACE: COEUR D'ALENE, ID

FATHER: CHARLES WILLIAM PIERSON  
MOTHER:

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JOAN ASKEY FAUCHER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: ATTORNEY  
INDUSTRY: LEGAL  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: MARCH 30, 2021

INFORMANT: HOLLY CHRISTY-MARICIELO  
RELATIONSHIP: DAUGHTER  
ADDRESS: 569 NE HARRISON ST., POULSBORO, WA 98370

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION  
SERVICE INC  
ADDRESS: 746 NE MIDWAY BLVD  
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277  
FUNERAL DIRECTOR: PAUL E. KUZINA

CAUSE OF DEATH:  
A: PANCREATIC CANCER  
INTERVAL: 7 MONTHS

B: INTERVAL

C: INTERVAL

D: INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHOLANGITIS, JAUNDICE

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MARCH 29, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: MARCH 29, 2021



# Affidavit for Correction

01/17/2025 09:11 PM  
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:  Birth  Death  Marriage  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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

6. Name of Person Requesting Correction: Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify)

7. Return Mailing Address: PO Box or Street Address City State Zi

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 2<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

**INSTRUCTIONS - go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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\*

MAR 30 2021

Howard Leibrand, M.D., Health Officer  
Island County Health Dept.



0 4 4 5 7 9 7 5

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