

Return Address:

Orange Coast Lender Services
1000 Commerce Drive, Suite 520
Pittsburgh, PA 15275
214126-LT

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20250300
Date 02/05/2025

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Larry Alan Nicholson 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

Son of Larry Albert Nicholson
Relationship to decedent Decedent/Grantor Name

who died on May 27, 2024 at
Date

Mount Vernon Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 14, Blk 3, Albert Balch's Wedgwood Addn. to Mount Vernon

Assessor's Property Tax Parcel/Account Number: 3766-003-014-0006/P54762
(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)

Larry Alan Nicholson, Son, 49, 9095 20th ST

Mount Verner WA 98274

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

Full name, age, relationship, address

Dated: _____

Larry Alan Nicholson
Affiant's full name425-330-3129
Telephone number909 S 20th ST
Mount Vernon WA 98274
City State Zip CodeLarry Alan Nicholson 12/30/2024
Signature DateSTATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 30 day of Dec, 2024 by
Larry Alan Nicholson[Signature]
SignatureNotary Public
TitleMy appointment expires: 06/01, 2024

Legal Description

Lot 14, Block 3, "ALBERT BALCH'S WEDGWOOD, AN ADDITION TO MOUNT VERNON, WN.," as per plat recorded in Volume 7 of Plats, page 24, records of Skagit County, Washington

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-026037

DATE ISSUED: 05/31/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LARRY ALBERT
LAST NAME(S): NICHOLSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 27, 2024
HOUR OF DEATH: 02:15 PM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MARION, MTMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: SUPERVISOR
INDUSTRY: WAREHOUSE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NOINFORMANT: LARRY NICHOLSON
RELATIONSHIP: SON
ADDRESS: 909 S 20TH ST MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: LUNG CANCER
INTERVAL: 6 MONTHS
B: CARDIOEMBOLIC CARDIOVASCULAR ACCIDENT
INTERVAL: 1 YEARSC:
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 2120 E DIVISION ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 909 S 20TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARSFATHER: ALBERT NICHOLSON
MOTHER: FLORENCE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 31, 2024

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: RHONDA JOHANNSSEN, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 2219 RIMLAND DR. STE. 301
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
DATE SIGNED: MAY 30, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: MAY 31, 2024



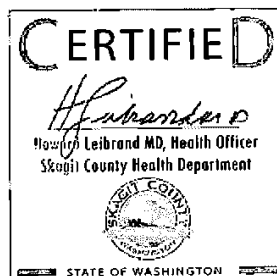
Affidavit for Correction

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 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: <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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
7. Return Mailing Address: PO Box or Street 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 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 nd parent (if required):		
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 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. *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.				
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.				
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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