



202502280035

02/28/2025 11:09 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:
Deborah Frank
20379 Aliston Ln
Burlington WA 98233

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20250552
FEB 28 2025

Amount Paid \$0
Skagit Co. Treasurer
By *[Signature]* Deputy

AFFIDAVIT (LACK OF PROBATE)

Lynne Vernice Nore by Deborah Frank

The undersigned affiant/grantee Agent under Durable POA, 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 surviving spouse

Relationship to decedent

of Charles Martin Nore, who died on July 6, 2024

Decedent/Grantor

Date

at Anacortes

Skagit

Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOTS 9 AND 10, BLOCK 5, CHILD'S AND HAGADORN'S FIRST ADDITION TO THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 29, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P57109
(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)

(Page 1 of 3)

Lynne Vernice Nore, 75, surviving spouse

1214 38th St. Anacortes WA 98221

Full name, age, relationship, address

Dated: 2/28/2025

Lynne Vernice Nore by Deborah Frank, Agent under Durable Power of Attorney

Affiant's full name

360-826-2622

Telephone number

1214 38th St

<u>Anacortes</u>	<u>WA</u>	<u>98221</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>Deborah Frank POA</u>	<u>2/28/2025</u>
<i>Signature</i>	<i>Date</i>
<u>for Lynne Vernice Nore</u>	

State of Washington County of Skagit

I know or have satisfactory evidence that Deborah Frank
(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: 2, 28, 2025

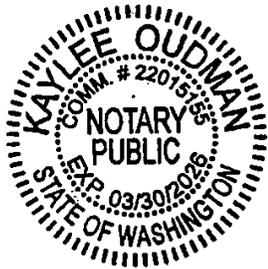
Kaylee Oudman
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3, 30, 2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-033281

DATE ISSUED: 07/12/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHARLES MARTIN
LAST NAME(S): NORE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 06, 2024
HOUR OF DEATH: 02:04 PM

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-2590

SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1214 38TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

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

FATHER: MARTIN NORE
MOTHER: CELESTINE [REDACTED]

BIRTH DATE: [REDACTED]
BIRTHPLACE: WRANGELL, AK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LYNNE VERNICE ROBECK

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JULY 11, 2024

OCCUPATION: OWNER/OPERATOR
INDUSTRY: PARKING LOT MAINTENANCE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

INFORMANT: DEBORAH FRANK
RELATIONSHIP: DAUGHTER
ADDRESS: 20379 ALISTON LANE, BURLINGTON, WA 98233

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

CAUSE OF DEATH:
A: METABOLIC ENCEPHALOPATHY

INTERVAL: DAYS

B: ACUTE CYSTITIS

INTERVAL: DAYS

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: SHERRY LOVE-WENGER, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: PO BOX 190
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98259
DATE SIGNED: JULY 11, 2024

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: MARIA VIVANCO
DATE RECEIVED: JULY 11, 2024



Affidavit for Correction

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
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Required	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:	
	First	Middle	Last	MM/DD/YYYY	
	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 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 forgoing is true and correct.

14a. Signature:		14b. Signature of 2 nd 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.
- *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

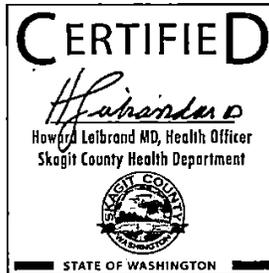
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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