

Return Address:

Kim T Swanson  
7738 Walnut St SW  
Lakewood, Wa 98498

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 03/03/2025

**AFFIDAVIT (LACK OF PROBATE) R**

The undersigned affiant/grantee Kim T Swanson, 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 Stanley Edward Swanson, who died on 9/7/2023  
*Decedent/Grantor* *Date*

at Sedro Woolley Skagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: \_\_\_\_\_  
Section 17, Township 36 North, Range 4  
East 1/4 N1/2NE

Assessor's Property Tax Parcel/Account Number: P49295 / 36041710010200  
(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)

Kim T Swanson

Kim Terri Swanson, Spouse, 70

Full name, age, relationship, address

7738 Walnut St SW

Lakewood WA 98498

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

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Full name, age, relationship, address

Full name, age, relationship, address

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 650,000 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None ( X ) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never ( X ) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 2/28/25  
Kim J. Swanson 360-820-0806  
Affiant's full name Telephone number  
7738 WALNUT ST. S.E. LAKEWOOD, WA 98498  
Street City State Zip Code

State of WA County of Skagit

I know or have satisfactory evidence that Kim T Swanson  
(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/hers) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: February 28, 2025 Scott Bentley  
Signature of Notary Public

Residing at Conate

Notary Public in and for the State of WA

My appointment expires: 05/10, 2025<sup>27</sup>

(Based on REV 84 0017 (1/3/17))



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

**CERTIFICATE OF DEATH**

CERTIFICATE NUMBER: 2023-043821

FIRST AND MIDDLE NAME(S): **STANLEY EDWARD**  
LAST NAME(S): **SWANSON**

COUNTY OF DEATH: **SKAGIT**  
DATE OF DEATH: **SEPTEMBER 07, 2023**  
HOUR OF DEATH: **06:45 PM**  
SEX: **MALE**                      AGE: **73 YEARS**  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: **LONGVIEW, WA**

MARITAL STATUS: **MARRIED**  
SURVIVING SPOUSE: **KIM SCHAFFER**

OCCUPATION: **SALES**  
INDUSTRY: **LUMBER**  
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**  
US ARMED FORCES: **NO**

INFORMANT: **KIM SWANSON**  
RELATIONSHIP: **WIFE**  
ADDRESS: **2125 BUTLER CREEK ROAD, SEDRO WOOLLEY, WA, 98284**

CAUSE OF DEATH:  
A: **STAGE 4 PROSTATE CANCER**  
INTERVAL: **8 YEARS**  
B: \_\_\_\_\_  
INTERVAL: \_\_\_\_\_  
C: \_\_\_\_\_  
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**

DATE ISSUED: **09/11/2023**  
FEE NUMBER: \_\_\_\_\_

PLACE OF DEATH: **DECEDENT'S HOME**  
FACILITY OR ADDRESS: **2125 BUTLER CREEK ROAD**  
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **2125 BUTLER CREEK ROAD**  
CITY, STATE, ZIP: **SEDRO WOOLLEY, WA 98284**  
INSIDE CITY LIMITS: **NO**                      COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **50 YEARS**

FATHER: **WILLIAM SWANSON**  
MOTHER: [REDACTED]

METHOD OF DISPOSITION: **CREMATION**  
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**  
DISPOSITION DATE: **SEPTEMBER 12, 2023**

FUNERAL FACILITY: **ALPHA-OMEGA BURIAL & CREMATION**

ADDRESS: **PO BOX 398**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**  
FUNERAL DIRECTOR: **THOMAS CUFLEY**

WANNER 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**

CERTIFIER NAME: **LESLIE A. ESTEP, MD**  
TITLE: **PHYSICIAN**  
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**  
DATE SIGNED: **SEPTEMBER 08, 2023**

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

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**  
DATE RECEIVED: **SEPTEMBER 11, 2023**

DOH22-132SKAGIT(1/22)

NOT VALID IF PHOTOCOPIED OR REPRODUCED

**Washington Department of Health**  
 DOH 422-054 August 2010

**Affidavit for Correction**

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

Mail to: Center for Health Statistics  
 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
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**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: <small>First Middle Last</small>		2. Date of Event: <small>MM/DD/YYYY</small>		3. Place of Event: <small>(City or County)</small>
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) <small>First Middle Last/Initials</small>			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last/Initials</small>	
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: <small>PO Box or Other Address City State Zip</small>				
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 Number 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 parent's 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, executor/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.

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

