

Return Address:

Berta K. Wenning
1750 Central Ave. Unit E.
Wenatchee WA 98801

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 03/04/2025

GNW 25-22678

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Berta K. Wenning, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Spouse
Relationship to decedent
 of Rick Allen Wenning who died on 08/12/2021
Decedent/Grantor Date
 at Seattle King Washington
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

Lot 32, Skyline No. 2

Assessor's Property Tax Parcel/Account Numbers: (List All)

P59078 / 3818-000-032-0008

(Attach full legal description(s) of the property)

AYW Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
 (See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
 Auditor's File No. _____ in favor of the surviving spouse or
 an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
 State of Washington as Superior Court Cause No. _____

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (*including those not inheriting part of the decedent's estate*):

Berta N. Wenning, Spouse

Full name, age and relationship

5710 Sugarloaf Street, Anacortes WA 98221

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

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(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$_____ of which approximately \$_____ 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 () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () 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: February 28, 2025

Berta K. Wenning
Affiant's full name Telephone number

Street City State Zip Code

State of WA County of Island

I know or have satisfactory evidence that Berta K. Wenning
(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: Feb. 28, 2025 [Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at Oak Harbor

Notary Public in and for the State of WA

My appointment expires: 07-28, 2027.

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-039806

DATE ISSUED: 06/26/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICK ALLEN
LAST NAME(S): WENNING

COUNTY OF DEATH: KING
DATE OF DEATH: AUGUST 12, 2021
HOUR OF DEATH: 02:00 PM
SEX: MALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KATIE ELLIOTT

OCCUPATION: US NAVY MEDICAL CORPS
INDUSTRY: MILITARY
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YES

INFORMANT: KATIE WENNING
RELATIONSHIP: WIFE
ADDRESS: 5710 SUGARLOAF ST ANACORTES, WA 98221

CAUSE OF DEATH:
A: COVID 19 PNEUMONIA
INTERVAL: 23 DAYS
B: ADULT RESPIRATORY DISTRESS SYNDROME
INTERVAL: 20 DAYS
C: HOSPITAL ACQUIRED PNEUMONIA
INTERVAL: 9 DAYS
D: PULMONARY EMBOLISM
INTERVAL: 9 DAYS

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: HOSPITAL
FACILITY OR ADDRESS: VIRGINIA MASON HOSPITAL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101

RESIDENCE STREET: 5710 SUGARLOAF ST
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: JOHN J WENNING
MOTHER: [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 18, 2021

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

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


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

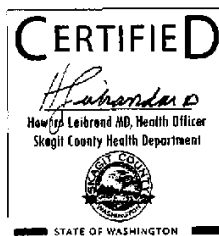
CERTIFIER NAME: HINA SAHI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1100 9TH AVENUE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101
DATE SIGNED: AUGUST 12, 2021

CASE REFERRED TO MEICORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: HINA SAHI, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ROBBIE GASKIN
DATE RECEIVED: AUGUST 18, 2021

DOH422-1325 (KAGIT) / 22J

 Affidavit for Correction		Mail to: 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	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
	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
	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:		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		Adult (18 years or older)	
• If legal guardian(s), include certified court order proving guardianship.		• Only the adult can change his or her birth certificate.	
• 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.		• If the first or middle name is missing, three pieces of proof documentation are required.	
• No proof is required to change the first or middle name.*		• 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 information, one proof documentation is required.		• To correct parent's birth date, place of birth, or name, 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.			
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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EXHIBIT "A"
LEGAL DESCRIPTION

File No.: 01348-49764

The Land referred to herein below is situated in the County of Skagit, State of Washington and is described as follows:

Lot 32, SKYLINE NO. 2, according to the plat thereof recorded in Volume 9 of Plats, pages 59 and 60, records of Skagit County, Washington.

Situated in Skagit County, Washington.