

Return Address:

GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 03/25/2025

GNW 25-22777

AFFIDAVIT (LACK OF PROBATE) R

The undersigned affiant/grantee Cheryl Pierce, 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 Jim Presley Pierce aka James Pierce, who died on 12/06/2013
Decedent/Grantor Date

at Mount Vernon Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 47, Plat of Eastwind

Assessor's Property Tax Parcel/Account Number: P809918/4384-000-047-0011
(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)

Cheryl Pierce 83 Surviving Spouse
1801 N. 32nd Pl, Mt Vernon WA 98273
Full name, age, relationship, address

Jan Murphy 64 Daughter
518 Vine St, Friday Harbor, WA 98250
Full name, age, relationship, address

Marta Pierce 66 Son
63 Abiapo Kihei Hawaii 96753
Full name, age, relationship, address

Edward Miller ~~DAAD~~ Son
20453 131st Pl SE, Kent WA 98031
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: 3/21/25Affiant's full name Cheryl Lee PierceTelephone number 360-202-855020453 131st PL SEKent WA 98031 Street

City State Zip Code

Cheryl Pierce Signature 3/21/25 DateState of WA County of SkagitI know or have satisfactory evidence that Cheryl Pierce
(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.

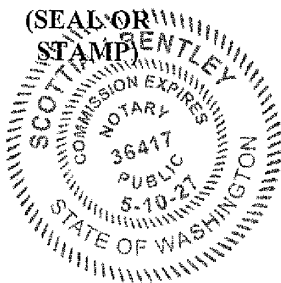
Dated: 3/21/25Sally Bend
Signature of Notary PublicResiding at: ConaliaNotary Public in and for the State of WAMy appointment expires: 05/10/27

Exhibit "A"
Property Description

Lot 47, PLAT OF EASTWIND, as per plat recorded in Volume 12 of Plats, pages 31 and 32,
records of Skagit County, Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2013-023228	DATE ISSUED: 12/11/2013
GIVEN NAMES: JIM PRESLEV LAST NAME: PIERCE	FEE NUMBER: 0000000029
COUNTY OF DEATH: SKAGIT DATE OF DEATH: DECEMBER 06, 2013 HOUR OF DEATH: 05:46 P.M. SEX: MALE AGE: 78 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOME FACILITY OR ADDRESS: 1801 NORTH 32ND PLACE CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 RESIDENCE STREET: 1801 NORTH 32ND PLACE CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 INSIDE CITY LIMITS? YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 13 YEARS
HISPANIC ORIGIN: NO, NOT HISPANIC RACE: WHITE BIRTHDATE: [REDACTED] BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON MARITAL STATUS: MARRIED SPOUSE: CHERYL LEE JENKINS OCCUPATION: FOOD SERVICE WORKER INDUSTRY: GOVERNMENT TRANSPORTATION EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED US ARMED FORCES? YES	FATHER: VERNON PIERCE MOTHER: [REDACTED] METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY CITY, STATE: ANACORTES, WA DISPOSITION DATE: DECEMBER 10, 2013 FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES WA 98221 FUNERAL DIRECTOR: JAMES C. HADDON
INFORMANT: CHERYL PIERCE RELATIONSHIP: WIFE ADDRESS: 1801 NORTH 32ND PLACE, MOUNT VERNON, WA 98273	
CAUSE OF DEATH: A. CORONARY ATHEROSCLEROSIS INTERVAL: 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:	MANNER OF DEATH: NATURAL AUTOPSY: NO AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE CERTIFIER NAME: JOHN R. MATHIS, MD TITLE: PHYSICIAN CERTIFIER: ADDRESS: 1213 24TH STREET, SUITE 100 CITY, STATE, ZIP: ANACORTES WA 98221 DATE SIGNED: DECEMBER 09, 2013
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NJAN678 ATTENDING PHYSICIAN: NOT APPLICABLE LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: DECEMBER 10, 2013
ITEM(S) AMENDED: NONE NUMBER(S): NONE DATE(S): NONE 0	



 Affidavit for Correction This is a legal document. Complete in ink and do not alter. STATE OF WA USE ONLY		Center for Health Statistics P.O. Box 47914 Olympia, WA 98504-7814 (360) 236-4300														
State File Number	Fee Number	Initials	Date	Affidavit Number												
Use the section below for requesting any changes on the record																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																
1. Name on record:		2. Date of Event:		3. Place of Event:												
4. Father/Parent Full Birth Name		5. Mother/Parent Full Birth Name														
The record is incorrect or incomplete as follows:																
The record now shows:		The true fact is:														
6.		7.														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant Telephone Number:																
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)																
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.																
15. Signature:		16. Date:		17. Address:												
(Printed Name)																
All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof. Examples of acceptable documentary proof: <table border="0"> <tr> <td>Birth Record</td> <td>Nonident Report (Social Security Administration)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Certificate of Naturalization</td> <td>Marriage/Divorce Record</td> <td>School Transcripts (Official)</td> </tr> <tr> <td>Military Record (DD-214)</td> <td>Life Insurance Policy</td> <td>Alien Registration (front and back)</td> </tr> <tr> <td>Passport</td> <td>Hospital/Medical Record</td> <td></td> </tr> </table>					Birth Record	Nonident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)	Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)	Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)	Passport	Hospital/Medical Record	
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Passport	Hospital/Medical Record															
Birth Certificates: 1. Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. 2. The proof must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe. 3. Child under 18 • Only parent(s) or legal guardian can change the birth certificate. • Guardian must submit certified court order giving them authority to act on behalf of child(ren). • Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required. • Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. • To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. 4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032) Adult (18 years or older) • Only the adult themselves can change the birth certificate. • If the first or middle name is absent, three pieces of documentary proof are required. • If the first, middle and/or last name is misspelled, two pieces of documentary proof are required. • To correct parent's birth date, place of birth, or name, one documentary proof is required. • Proof must be five (or more) years old or have been established within five years of birth.																
Death Certificates: 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.																

DOH 422-034 August 2015

CERTIFIED

DEC 1 1 2013

 Skagit County Public Health Department
 Howard LeBaron M.D., Health Officer

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