



202504140051

04/14/2025 12:22 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:
1000 Mclean RD.
Mt. Vernon WA 98273
488

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2025 1081
APR 14 2025
Amount Paid \$0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Michael T. Morgan, 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 1000 Mclean RD
Relationship to decedent
of MARY A. Morgan, who died on 1/19/25
Decedent/Grantor Date
at Mt. Vernon Skagit WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN 19-34.4
SEE ATTACH legal

Assessor's Property Tax Parcel/Account Number: P. 26651
(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)

Michael T. Morgan

Full name, age, relationship, address

68 1000 McLeod RD Mt Vernon WA 9827

Full name, age, relationship, address

Dated: 4/14/25

Michael Terrence Morgan
Affiant's full name

360 631 3349
Telephone number

1000 McLean Rd
Street

Mt. Vernon WASH 98273
City State Zip Code

[Signature] 4/14/25
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Mike Terrence Morgan
(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: 04/14/2025 Belen Martinez
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Skagit County

Notary Public in and for the State of Washington

My appointment expires: 03/2026

EXHIBIT A

BEGINNING ON SOUTH LINE MCLEAN ROAD 2221.5 FEET EAST OF WEST LINE SECTION 19, SECTION 19, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., THENCE SOUTH 172 FEET; THENCE EAST 126.63 FEET; THENCE NORTH 172 FEET TO SOUTH LINE SAID ROAD; THENCE WEST ALONG ROAD 126.63 FEET TO POINT OF BEGINNING. EXCEPT COMMENCING AT THE THE NORTHWEST CORNER OF LOT 1, SHORT PLAT MV-4-88, AS SHOWN ON THAT CERTAIN SHORT PLAT MAP RECORDED IN VOLUME 8 OF SHORT PLATS, PAGE 44, RECORDS OF SKAGIT COUNTY; THENCE NORTH 1 DEGREE 39' 00' WEST 232.00 FEET ALONG THE NORTHERLY PROJECTION OF THE WEST LINE OF SAID LOT 1, ALSO BEING THE EAST LINE OF MAPLE LANE, TO THE SOUTHERLY RIGHT OF WAY MARGIN OF MCLEAN ROAD AND THE TRUE POINT OF BEGINNING; THENCE NORTH 88 DEGREES 21' 00' EAST 25.00 FEET ALONG SAID SOUTHERLY RIGHT OF WAY MARGIN OF MCLEAN ROAD TO A CUSP; THENCE SOUTHWESTERLY ALONG THE ARC OF CURVE CONCAVE TO THE SOUTHEAST HAVING A RADIUS OF 25.00 FEET WITH AN INITIAL TANGENT BEARING OF SOUTH 88 DEGREES 21' 00' WEST, THROUGH A CENTRAL ANGLE OF 90 DEGREES 00' 00', AN ARC DISTANCE OF 39.27 FEET TO A POINT OF TANGENCY ON SAID EAST LINE OF MAPLE LAND AT A POINT BEARING SOUTH 1 DEGREE 39' 00' EAST FROM THE TRUE POINT OF BEGINNING; THENCE NORTH 1 DEGREE 39' 00' WEST 25.00 FEET TO THE TRUE POINT OF BEGINNING.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-003118

DATE ISSUED: 01/24/2025
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARY ANN
LAST NAME(S): MORGAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 19, 2025
HOUR OF DEATH: 07:55 PM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1000 MCLEAN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-3264

HISPANIC ORIGIN: OTHER: SPANISH
RACE: WHITE

RESIDENCE STREET: 1000 MCLEAN RD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-3264
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 36 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MONAHANS, TX

FATHER: JOSEPH S ARMENTA
MOTHER: MARY [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAEL TERRENCE MORGAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: HOMEMAKER
INDUSTRY: HOME/PRIVATE HOUSEHOLD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 29, 2025

INFORMANT: MICHAEL TERRENCE MORGAN
RELATIONSHIP: HUSBAND
ADDRESS: 1000 MCLEAN RD, MOUNT VERNON, WA 98273

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DANIEL G. LA PLAUNT

CAUSE OF DEATH:
A: COLON CANCER, WIDELY METASTATIC
INTERVAL: 5 YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: JAUNDICE, ANEMIA

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: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 20, 2025

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: CHRISTIAN STECHER
DATE RECEIVED: JANUARY 24, 2025



Affidavit for Correction

04/14/2025 12:22 PM Page 0 of 1
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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		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	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:	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.

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

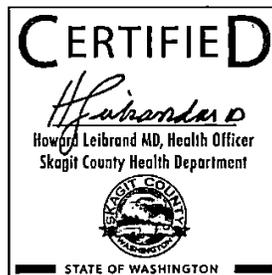
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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