

Return Address:

Guardian Northwest Title and Escrow1301 Riverside Dr #BMt Vernon, WA 98273REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/12/2025**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Maxine S Ehle, 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 Gary Robert Ehle, who died on 12/23/2023
Decedent/Grantor *Date*at Bellingham Whatcom WA
City *County* *State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**Abbreviated Legal Description: UNIT 71, THE CEDARS, A CONDOMINIUMUNIT 71, THE CEDARS, A CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOFRECORDED FEBRUARY 2, 1988, UNDER AUDITOR'S FILE NO. 9802050054, RECORDS OF SKAGITCOUNTY, WASHINGTON, AND ANY AMENDMENTS THERETO, RECORDS OF SKAGIT COUNTY,WASHINGTON. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.Assessor's Property Tax Parcel/Account Number: P116271/4739-000-071-0000
(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 _____)

Spouse - 19231 Valley View Dr. Arlington, WA 98223
Maximo S. Eche 77 yrs old.

Full name, age, relationship, address

STEVEN H. ECHES 113 yrs old
Son, 19231 Valley View Dr. Arlington, WA 98223

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

Full name, age, relationship, address

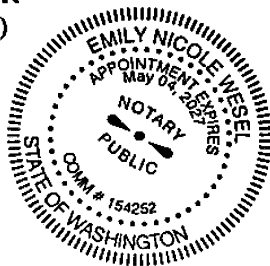
Full name, age, relationship, address

Dated : May 9, 2025* Maxine S. Ehle
Affiant's full name

Telephone number

19231 Valley View Dr.Arlington WA 98223
City State Zip Code* Maxine S. Ehle May 9, 2025
Signature DateState of Washington County of WhatcomI know or have satisfactory evidence that Maxine S. Ehle
(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: 5 / 9 / 2025Emily Nicole Wesel
Signature of Notary Public(SEAL OR
STAMP)Residing at: BlaineNotary Public in and for the State of WashingtonMy appointment expires: 05 / 04 / 2027

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2023-062966	DATE ISSUED: 03/11/2024 FEE NUMBER:
FIRST AND MIDDLE NAME(S): GARY ROBERT LAST NAME(S): EHLE	
COUNTY OF DEATH: WHATCOM DATE OF DEATH: DECEMBER 23, 2023 HOUR OF DEATH: 01:10 PM SEX: MALE AGE: 77 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: NORTH CASCADES HEALTH & REHABILITATION CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE BIRTH DATE: [REDACTED] BIRTHPLACE: BLOOMINGTON, MN	RESIDENCE STREET: 1147 SINCLAIR WAY CITY, STATE, ZIP: BURLINGTON, WA 98233 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 2 YEARS
MARITAL STATUS: MARRIED SURVIVING SPOUSE: MAXINE SHILLAM	FATHER: ROBERT EHLE MOTHER: FRANCES [REDACTED]
OCCUPATION: COMPUTER TECH INDUSTRY: INFORMATION TECHNOLOGY EDUCATION: ASSOCIATE DEGREE US ARMED FORCES: YES	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
INFORMANT: MAXINE EHLE RELATIONSHIP: WIFE ADDRESS: 1147 SINCLAIR WAY, BURLINGTON, WA, 98233	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: DECEMBER 27, 2023
CAUSE OF DEATH: A: ACUTE HYPOXIC RESPIRATORY FAILURE INTERVAL: WEEKS B: PNEUMONIA INTERVAL: WEEKS C: SPLENECTOMY WITH SCAR AND POST TRAUMATIC STRESS DISORDER, TENSION HEADACHE INTERVAL: YEARS D: COVID INTERVAL: -	FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: COLE B. ERIKSON
OTHER CONDITIONS CONTRIBUTING TO DEATH:	MANNER OF DEATH: NATURAL AUTOPSY: UNKNOWN WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN PREGNANCY STATUS IF FEMALE: NO RESPONSE
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CERTIFIER NAME: ANDREA CATRELL, ARNP TITLE: ARNP CERTIFIER ADDRESS: 2219 RIMLAND DR. STE. 301 CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226 DATE SIGNED: DECEMBER 26, 2023
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: ANDREA CATRELL, ARNP
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	LOCAL DEPUTY REGISTRAR: DEBBIE L. HOLDEN DATE RECEIVED: DECEMBER 27, 2023

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH422-132SKAGIT (2/22)

Washington State Department of Health		Affidavit for Correction		Mell to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
DOH 422-034 August 2019					
This is a legal document. Complete in ink and do not alter.					
State File Number		Fee Number		Initials Date Affidavit Number	
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		3. Place of Event: (City or County)
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: ()					
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: 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 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.					
• 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.

