



202505130049

05/13/2025 12:49 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

17212 Engebretsen Rd
Granite Falls, Wa 98252

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 1450
MAY 13 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By GT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Leslie JoAnn Peterson, 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 Wife

Relationship to decedent

of Russell Charles Peterson, who died on May 27, 2019
Decedent/Grantor *Date*

at Marblemount Skagit Wa
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

40, CASCADE RIVER PARK NO. 1, AS PER PLAT RECORDED IN VOLUME 8
OF PLATS, PAGES 54 THROUGH 59, INCLUSIVE, RECORDS OF SKAGIT
COUNTY, WASHINGTON

Assessor's Property Tax Parcel/Account Number: P63589 / 3871-000-040-002
(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 1)

Leslie JoAnn Peterson, 78, Wife

17212 Engebretsen Rd, Granite Falls, 98252

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

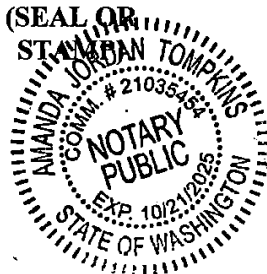
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: May 12, 2025Affiant's full name Leslie Joann PetersonTelephone number 360-631-220317212 Engebretsen Rd.
City State Zip Code
Granite Falls, WA 98252Signature Leslie Joann Peterson, Date May 12, 2025State of Washington County of SnohomishI know or have satisfactory evidence that Leslie Joann Peterson
(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: 05/12/2025Amanda Jordan Tompkins
Signature of Notary PublicResiding at: 21025 119th ST NE, Granite Falls
WA, 98252Notary Public in and for the State of WashingtonMy appointment expires: 10/2025

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-023983

DATE ISSUED: 05/31/2019

FEE NUMBER: 310519

FIRST AND MIDDLE NAME(S): RUSSELL CHARLES

LAST NAME(S): PETERSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 27, 2019

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SPOUSE: LESLIE DAVIS

OCCUPATION: SCHOOL CUSTODIAN

INDUSTRY: EDUCATION FACILITY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: LESLIE PETERSON

RELATIONSHIP: WIFE

ADDRESS: 17212 ENGBRETSSEN, GRANITE FALLS, WASHINGTON 98252

CAUSE OF DEATH:

A: MYOCARDIAL INFARCTION

INTERVAL: HOURS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C: TYPE 2 DIABETES

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION, AORTIC VALVE DISORDER, HYPERTENSION, HYPERLIPIDEMIA

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: OTHER PLACE

FACILITY OR ADDRESS: 63680 W. CASCADE DR

CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267

RESIDENCE STREET: 17212 ENGBRETSSEN

CITY, STATE, ZIP: GRANITE FALLS, WA 98252

INSIDE CITY LIMITS: NO

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER/PARENT: CHARLES RUSSELL PETERSON

MOTHER/PARENT: MARGARET [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: MAY 31, 2019

FUNERAL FACILITY: WELLER FUNERAL HOME

ADDRESS: 327 N MACLEOD AVE

CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223

FUNERAL DIRECTOR: KELCIE K. VALDER

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

CERTIFIER NAME: SANDRA M. SHORTT, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 307 S. 13TH. STREET, #200

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: MAY 29, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MAY 30, 2019



Affidavit for Correction

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 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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

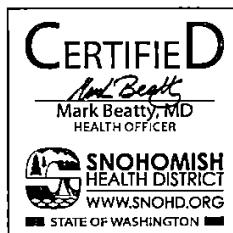
STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required 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: 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 now shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
14.		15.		
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct				
16a. Signature:		16b. Signature of 2nd parent (if required):		
Printed name: Date:		Printed name: Date:		
INSTRUCTIONS – go to www.doh.wa.gov for more information				
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof				
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:				
<ul style="list-style-type: none"> • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551) 				
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. Documentary proof must be five or more years old or established within five years of birth				
Child under 18		Adult (18 years or older)		
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 		<ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof 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.				
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)				
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 a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). 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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof				
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				

DOH 422-034 January 2015



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



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