

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
214488-LT

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20251555
Date 05/21/2025

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kelley Jones as Personal Representative of the Estate of Earle Douglas Jones,
also of record as E Douglas Jones, being first duly sworn deposes and states as follows:
Name of Affiant

That Earle Douglas Jones was a rightful heir as listed on heirs at law, to the real property described below, and is

spouse of
Marjorie I. Jones,
Relationship to decedent *Decedent/Grantor Name*

who died on October 31, 2005 at
Date
Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Lot 6, Skagit Beach, Div. No. 6

Assessor's Property Tax Parcel/Account Number: 4488-000-006-0007/P83322
(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)

Handwritten: 95
E. Douglas Jones, aka Earle Douglas Jones, surviving spouse, Age: 85

14614 Channel Drive, La conner WA 98257

Full name, age, relationship, address

Kelley A. Jones, daughter, Age: 68

2501 Centinella Ave #3, Santa Monica, CA 90405

Full name, age, relationship, address

Karinn E. Reister, daughter, Age: 66

2510 Meagan Court SE, Olympia, WA 98501

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: 5/20/25

Kelley Jones
Affiant's full name

310-403-3171
Telephone number

2501 Centinela Avenue #3
Street

Santa Monica CA
City State

90405
Zip Code

Kelley Jones
Signature

5/20/25
Date

STATE OF _____

COUNTY OF _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 2025 by Kelley Jones, Heir of Marjorie I. Jones and Personal Representative of the Estate of Earle Douglas Jones.

Signature

Title

My appointment expires: _____, 20__

A.C. SEE DOCUMENT ATTACHED.

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on

this 20 day of MAY, 2025, by
Date Month Year

(1) KEILEY JONES



(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT (LACK OF PROBATE)

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Legal Description

Lot 6, "PLAT OF SKAGIT BEACH DIV. NO. 6, A REPLAT OF TRACTS "A" & "F" OF SKAGIT BEACH NO. 1, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 14 of Plats, page 31, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **836-05** Washington State Certificate of Death State File Number

1. Legal Name (include AKA, if any): First Middle LAST **Marjorie I JONES** 2. Death Date **Nov 14, 2005**

3. Sex (M/F) **F** 4a. Age - Last Birthday **82** 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number **00000** 6. County of Death **Skagit**

7. Birthdate **Passaic** 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) **NJ** 9. Decedent's Education **Some College**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s) **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.): **14614 Channel Drive** 13b. City or Town **La Conner**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98257** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **13** 15. Marital Status at time of Death **Married** 16. Surviving Spouse's Name (Give name prior to first marriage) **E. Douglas Jones**

17. Usual Occupation (indicate type of work done during most of working life. DO NOT USE RETIRED): **Secretary** 18. Kind of Business/Industry (Do not use Company Name) **Office**

19. Father's Name (First, Middle, Last, Suffix) **Stephen Bergen** 20. Mother's Name Before First Marriage (First, Middle, Last) **Marjorie**

21. Informant's Name **E. Douglas Jones** 22. Relationship to Decedent **Husband** 23. Mailing Address: Number and Street or R.F.D. No. City or Town State Zip **4614 Channel Drive La Conner WA 98257**

24. Place of Death, if Death Occurred in a Hospital: **Inpatient** Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (if not a facility, give number & street or location) **Skagit Valley Hospital** 26a. City, Town, or Location of Death **Mount Vernon** 26b. State **WA** 27. Zip Code **98274**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Hawthorne Memorial Park** 30. Location-City/Town, and State **Mount Vernon, Washington**

31. Name and Complete Address of Funeral Facility **Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398** 32. Date of Disposition **Nov 2, 2005**

33. Funeral D

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines, if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **urosepsis** Due to (or as a consequence of): Interval between Onset & Death

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. **diabetes mellitus** Due to (or as a consequence of): Interval between Onset & Death

c. **coronary artery disease** Due to (or as a consequence of): Interval between Onset & Death

d. **chronic renal insufficiency** Due to (or as a consequence of): Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **pneumonia, dehydration, pulmonary embolism**

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? No Yes Probably Unknown

41. Date of Injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street Apt No. City or Town State Zip Code + 4

46. Describe how injury occurred 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician: To be filled in by certifier. On the date of pronouncement of death, a medical examination was performed and the cause of death was stated. **P Bissell**

48b. Medical Examiner/Coroner: On the date of pronouncement of death, a medical examination was performed and the cause of death was stated. **X**

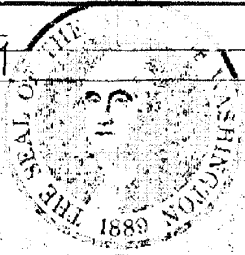
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Dr. Peggy Bissell, M.D. 2061 Hospital Dr.** 50. Hour of Death (24hrs) **1505**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (MM/DD/YYYY) **11-01-2005**

53. Title of Certifier **Dr.** 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature **Cornelia Anderson, Deputy** 58. Date Received (MM/DD/YYYY) **NOV 2 2005**

59. Amendments



DOHCHS 003 Rev 2/06/2004

DOH 01-001 (5/99)



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows: 7. The True fact is:
8. 9.
10. 11.
12. 13.

14. I represent the person as: Self Parent Guardian Informant Telephone Number:
Funeral Director 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:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Table with 3 columns: Examples of documentary proof, Medical Record, School Record. Includes items like Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Military Record (DD-214), Birth Record, Passport, Voter's Registration Card, and Alien Registration Card.

Birth Certificates:

- 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s).
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

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/CHS 023 (Rev. 9/2002)

CERTIFIED

NOV 02 2005

Howard Leibrand M.D., Health Officer

NN00558837