

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Kaylee Oudman
Affidavit No. 20251587
Date 05/23/2025

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

LACK OF PROBATE AFFIDAVIT

GRANTOR: SYLVIA M. WANG
GRANTEE: PETER C. WANG
PARCEL NUMBER: P132651
LEGAL DESCRIPTION: Lot 68, Twin Brooks Phase 2 (Additional legal found on page 2)
REFERENCE NUMBERS: N/A
201710160213 (Deed)

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I, PETER C. WANG ("Affiant"), being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of SYLVIA M. WANG ("Decedent"), who died intestate on June 12, 2023 in Mount Vernon, Skagit County, Washington, and was at the time of their death a resident of Mount Vernon, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

THAT the Decedent and I were married on the 9th day of October, 1976.

THAT five (5) children were born by the Decedent, namely, all of whom are adults.
THAT the Decedent has no children who are now deceased leaving issue surviving nor had they adopted any children.

UNRECORDED

THAT the Decedent never executed a Last Will and Testament; however, their entire estate, including real property interests, passed to Affiant, pursuant to intestate succession laws, RCW 11.04.015(1)(a).

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

PETER C. WANG, age 80, Surviving Spouse
321 Twin Brooks Court
Mount Vernon, WA 98273

THAT all obligations, expenses of last illness and funeral and burial services owing at the date of death of the Decedent have been paid in full or provided for, and all future and currently unknown expenses connected therewith shall be provided for by the Affiant.

THAT the Decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

THAT no inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

THAT probate of the Estate of the Decedent has not been instituted nor contemplated.

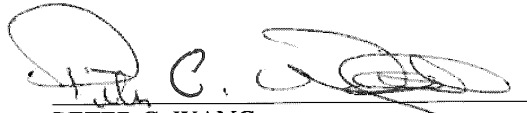
THAT all of the real property owned by the Decedent at the time of their death, or in which they had an interest was community [separate] property, was situated in Mount Vernon, Skagit County, Washington, and is legally described as follows:

LOT 68, "PLAT OF TWIN BROOKS PHASE 2, LU-05-024", APPROVED
FEBRUARY 27, 2015 AND RECORDED MARCH 18, 2015, UNDER AUDITOR'S
FILE NO. 201503180026, RECORDS OF SKAGIT COUNTY, WASHINGTON.

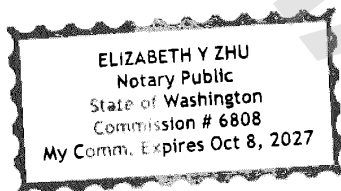
SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE
OF WASHINGTON.

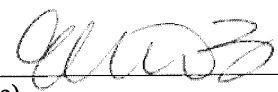
THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to PETER C. WANG in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(h).

Dated this 17th day of May, 2025.


PETER C. WANG

SUBSCRIBED AND SWORN to before me, by PETER C. WANG, this 17th day of May, 2025.




(Signature)

Elizabeth Y. Zhu
(Printed Name)

Notary Public in and for the

State of Washington

Residing in Renton

My commission expires: 10/8/2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

EXHIBIT A

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-029333

DATE ISSUED: 07/11/2023

FEE NUMBER: 1706078

FIRST AND MIDDLE NAME(S): SYLVIA MARY
LAST NAME(S): WANGCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 12, 2023
HOUR OF DEATH: 04:38 PM
SEX: FEMALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: PORT-AUX BASQUES, NL CANADAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: PETER WANGOCCUPATION: NURSE PRACTITIONER
INDUSTRY: MEDICAL
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NOINFORMANT: PETER WANG
RELATIONSHIP: SPOUSE
ADDRESS: 321 TWIN BROOKS CT, MOUNT VERNON, WA, 98273CAUSE OF DEATH:
A: CEREBRAL AMYLOID ANGIOPATHY
INTERVAL: YEARSB:
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 321 TWIN BROOKS CT
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-5007RESIDENCE STREET: 321 TWIN BROOKS CT
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-5007
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARSFATHER: VICTOR MEADE
MOTHER: SYBINA [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: SUNSET HILLS MEMORIAL PARKCITY, STATE: BELLEVUE, WASHINGTON
DISPOSITION DATE: JUNE 30, 2023

FUNERAL FACILITY: SUNSET HILLS FUNERAL HOME

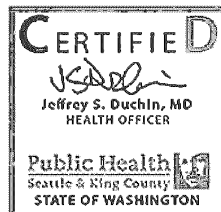
ADDRESS: 1215 145TH PLACE SE
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98007
FUNERAL DIRECTOR: KELLY M. MERRILLMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 15, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 16, 2023

Affidavit for Correction

05/23/2025 11:19 AM Page 5 of 5
 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: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction:		Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____		
7. Return Mailing Address:				
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 foregoing is true and correct.				
14a. Signature:		14b. Signature of 2 nd parent (if required):		
Printed name:		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 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.				
• 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.



0 6 6 3 6 7 0 0