202505230054
05/23/2025 11:19 AM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

FILED FOR RECORD AT REQUEST OF:

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

WHEN RECORDED RETURN TO:

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

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.

ELDERLAW
MEYERS, NEUBECK & HULFORD
2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

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.

ELDERLAW
MEYERS, NEUBECK & HULFORD
2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

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.

ELIZABETH Y ZHU
Notary Public
State of Washington
Commission # 6808
My Comm. Expires Oct 8, 2027

(Signature)

Elizabeth Y. Zhu
(Printed Name)
Notary Public in and for the
State of Washington
Residing in Renton
My commission expires: 10/8/2027

ELDERLAW
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2828 Northwest Ave, Bellingham, WA 98225
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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): **WANG**

COUNTY 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: **WHITE**

BIRTH DATE [redacted]
BIRTHPLACE: **PORT-AUX BASQUES, NL CANADA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **PETER WANG**

OCCUPATION: **NURSE PRACTITIONER**
INDUSTRY: **MEDICAL**
EDUCATION: **MASTER'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **PETER WANG**
RELATIONSHIP: **SPOUSE**
ADDRESS: **321 TWIN BROOKS CT, MOUNT VERNON, WA, 98273**

CAUSE OF DEATH:
A: **CEREBRAL AMYLOID ANGIOPATHY**
INTERVAL: **YEARS**
B:
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 98273-5007**

RESIDENCE 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 YEARS**

FATHER: **VICTOR MEADE**
MOTHER: **SYBINA** [redacted]

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **SUNSET HILLS MEMORIAL PARK**

CITY, 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. MERRILL**

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: **NO RESPONSE**

CERTIFIER 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, 2023**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **JUNE 16, 2023**

DOH 422-132 King (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: First Middle Last	2. Date of Event:	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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- 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 Acknowledgement 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.

CERTIFIED
Jeffrey S. Duchin, MD
HEALTH OFFICER
Public Health
Seattle & King County
STATE OF WASHINGTON

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

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