



202505280259

05/28/2025 01:48 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

Return Address:

Kathy Curry  
6148 N. Green Rd.  
Burlington, WA 98233

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 1617  
MAY 28 2025

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

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Katherine A. Curry, 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 Earl R. Curry

Decedent/Grantor

, who died on 10/25/22

Date

at Mount Vernon

City

Skagit

County

WA

State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN NE 6.35.4

P35849

Assessor's Property Tax Parcel/Account Number: P35873 + P35874  
(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 2)

---

Full name, age, relationship, address

Katherine Ann Curry, ~~80~~ wife, 86 yrs.  
6148 N. Green Rd. Burlington WA 98233

Full name, age, relationship, address

Cynthia Rae Jacobson, 63 yrs. daughter  
6200 N. Green Rd. Burlington WA 98233

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 21, 2025

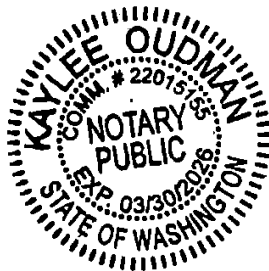
Affiant's full name

Katherine Ann Curry

Telephone number

360-7247815 16148 N. Green Rd.Burlington  
CityWA  
State98233  
Zip Codex Katherine A Curry x 5/21/2025  
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Katherine Ann Curry  
(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: 5/21/2025(SEAL OR  
STAMP)Kaylee Oudman  
Signature of Notary PublicResiding at: Sedro WoolleyNotary Public in and for the State of WAMy appointment expires: 3/30/2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-055022

DATE ISSUED: 10/31/2022  
FEE NUMBER:FIRST AND MIDDLE NAME(S): EARL RAY  
LAST NAME(S): CURRYCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 25, 2022  
HOUR OF DEATH: 01:06 AM  
SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: GARLAND, KSMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KATHERINE BRANDSTROMOCCUPATION: SELF-EMPLOYED/CONSTRUCTION  
INDUSTRY: HEAVY EQUIPMENT  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: YESINFORMANT: CINDY JACOBSON  
RELATIONSHIP: DAUGHTER  
ADDRESS: 6200 N GREEN ROAD, BURLINGTON, WA 98233CAUSE OF DEATH:  
A: ACUTE RESPIRATORY FAILURE DUE TO HEART FAILURE  
INTERVAL: DAYS  
B: STROKE  
INTERVAL: DAYS TO MONTHS  
C: MYOCARDIAL INFARCTION  
INTERVAL: DAYS  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: AORTIC STENOSIS, ATRIAL  
FIBRILLATIONDATE 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: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 6148 N GREEN ROAD  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 16 YEARSFATHER: WILBURN HERSHELL CURRY  
MOTHER: LAURA BELLE [REDACTED]METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GREENHILLS CEMETERYCITY, STATE: BURLINGTON, WASHINGTON  
DISPOSITION DATE: NOVEMBER 05, 2022

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: JEREMIAH T. LESOURDMANNER 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: MALIK FUIMAONO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: OCTOBER 25, 2022CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: OCTOBER 31, 2022



# Affidavit for Correction

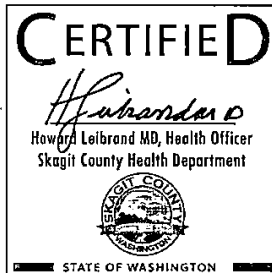
05/28/2025 01:48 PM Page 1 of 1  
 Marriage, Divorce, or Dissolution Statistics  
 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

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
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	First	Middle
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:		
( )				
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
<b>The record currently shows:</b>		<b>The true fact is:</b>		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Printed name:		Date:
Date:		Date:		
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match the asserted fact(s).</b> 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).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*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.				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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 2 5 9 3 4 1

235834

54.0500 ac) CU F&A #39 AF#776264 1974 TRNSF AF#807905: THAT PORTION OF THE E1/2 NE1/4, SECTION 6, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., LYING WESTERLY OF COUNTY ROAD & SOUTHERLY & EASTERLY OF FOLLOWING DESCRIBED LINE: BEGINNING AT A POINT ON THE SOUTH LINE OF THE N1/2 OF SAID SECTION 6, SAID POINT BEING NORTH 87-15-33 WEST, 2391.12 FEET ALONG SAID SOUTH LINE FROM THE E1/4 CORNER OF SAID SECTION 6; THENCE ALONG AN EXSISTING FENCE LINE THE FOLLOWING COURSE AND DISTANCES: NORTH 07-13-02 EAST, 308.93 FEET; THENCE NORTH 05-33-35 EAST, 273.98 FEET; THENCE NORTH 11-01-22 EAST, 89.39 FEET; THENCE NORTH 17-00-44 EAST, 62.89 FEET; THENCE NORTH 18-08-47 EAST, 72.79 FEET; THENCE NORTH 31-30-58 EAST, 254.78 FEET; THENCE NORTH 34-00-23 EAST, 291.44 FEET; THENCE NORTH 47-08-05 EAST, 258.32 FEET; THENCE NORTH 60-53-42 EAST, 519.35 FEET; THENCE NORTH 47-45-11 EAST, 701.43 FEET; THENCE NORTH 44-02-57 EAST, 319.56 FEET; THENCE 42-39-06 EAST, 208.43 FEET; TO THE TERMINUS OF SAID FENCE LINE; THENCE NORTH 42-39-06 EAST, 20.36 MORE OR LESS TO THE NORTH LINE OF THE NE1/4 OF SAID SECTION 6 BEING THE TERMINUS OF THIS LINE DESCRIPTION. EXCEPT THE FOLLOWING DESCRIBED TRACT: BEGINNING AT THE NE CORNER OF THE NE1/4 OF SECTION 6; THENCE SOUTH ALONG EAST LINE OF SAID SECTION, 125 FEET; THENCE NORTH 84-23-45 WEST, 407.88 FEET; THENCE NORTH 12-31-45 WEST TO THE NORTH LINE OF SAID NE1/4 OF SAID SECTION 6; THENCE EASTERLY ALONG THE SAID NORTH LINE TO THE TRUE POINT OF BEGINNING. ALSO EXCEPT FOLLOWING DESCRIBED TRACTS: BEGINNING AT THE NE CORNER OF SECTION ON WEST LINE OF COUNTY ROAD; THENCE SOUTH 825 FEET; THENCE WEST 145 FEET; THENCE SOUTH 140 FEET; THENCE EAST TO THE WEST LINE OF ROAD; THENCE NORTH TO POINT OF BEGINNING

20.1300 ac) CU F&A #39 AF#776264 1974 TRNSF AF#807905: THAT PORTION OF THE W1/2 OF THE NE1/4, SECTION 6, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., LYING EASTERLY OF FOLLOWING DESCRIBED LINE: BEGINNING AT A POINT ON THE SOUTH LINE OF THE N1/2 OF SAID SECTION 6, SAID POINT BEING NORTH 87-15-33 WEST, 2391.12 FEET ALONG SAID SOUTH LINE FROM THE E1/4 CORNER OF SAID SECTION 6; THENCE ALONG AN EXSISTING FENCE LINE THE FOLLOWING COURSES AND DISTANCES: NORTH 07-13-02 EAST, 308.93 FEET; THENCE NORTH 05-33-35 EAST, 273.98 FEET; THENCE NORTH 11-01-22 EAST, 89.39 FEET; THENCE NORTH 17-00-44 EAST, 62.89 FEET; THENCE NORTH 18-08-47 EAST, 72.79 FEET; THENCE NORTH 31-30-58 EAST, 254.78 FEET; THENCE NORTH 34-00-23 EAST, 291.44 FEET; THENCE NORTH 47-08-05 EAST, 258.32 FEET; THENCE NORTH 60-53-42 EAST, 519.35 FEET THENCE NORTH 47-45-11 EAST TO EAST LINE OF W1/2 OF NE1/4 & TERMINUS OF THIS LINE DESCRIPTION.

6124 137000

358273

THAT PORTION OF LAND IN GOVERNMENT LOT 1 IN THE NORTH HALF OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 4 EAST OF THE W.M., MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT THE INTERSECTION OF THE WEST LINE OF NORTH GREEN ROAD AND THE NORTH LINE OF GOVERNMENT LOT 1; THENCE SOUTH ALONG SAID WEST LINE, A DISTANCE OF 825 FEET TO THE TRUE POINT OF BEGINNING; THENCE WEST AND PARALLEL WITH THE NORTH LINE OF GOVERNMENT LOT 1, A DISTANCE OF 145 FEET; THENCE SOUTH, AND PARALLEL WITH THE WEST LINE OF NORTH GREEN ROAD, A DISTANCE OF 140 FEET; THENCE EAST AND PARALLEL WITH THE NORTH LINE OF GOVERNMENT LOT 1, A DISTANCE OF 145 FEET TO THE WEST LINE OF NORTH GREEN ROAD; THENCE NORTH ALONG SAID WEST LINE, A DISTANCE OF 140 FEET TO THE POINT OF BEGINNING.

P 35849