

After recording, return to:  
Kathleen S. Mobley  
The Heirs and Devisees of Van Mobley, deceased  
PO Box 175  
Concrete, WA 98237

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 06/03/2025

Grantor (Name of Decedent): Van Mobley  
Grantee (Heirs): Kathleen S Mobley  
Abbreviated Legal Description: LT 137-B, LAKE TYEE DIV. NO. III  
Tax Parcel No.(s): P80022 / 4357-002-137-0003  
Chicago Title  
620058756

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington  
COUNTY OF Skagit

The undersigned, Kathleen S Mobley, executes this affidavit relating to the estate of Van Mobley (herein "Decedent"), who died on 2-21-25, in the County of Skagit, State of Washington, then being a resident of the City of Concrete, County of Skagit, State of Washington

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):  
☒ the lawful surviving spouse of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ Surviving child of the Decedent  
☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.  
☐ other (identify:) \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Kathleen S Mobley, spouse  
 Name and relationship: \_\_\_\_\_  
 Name and relationship: \_\_\_\_\_  
 Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☒ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Kathleen S Mobley  
 Signature

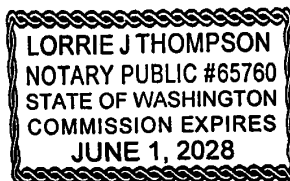
Kathleen S. Mobley  
 Print Name

State of Washington  
 County of SKAGIT

This record was acknowledged before me on 5-30-2025 by  
Kathleen S. Mobley

Lorrie J Thompson  
 (Signature of notary public)

Notary Public in and for the State of Washington  
 My commission expires: 6-1-2028



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P80022 / 4357-002-137-0003**

---

LOT 137-B, LAKE TYEE DIVISION NO. III, AS PER PLAT RECORDED IN VOLUME 11 OF PLATS,  
PAGES 68 THROUGH 74, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

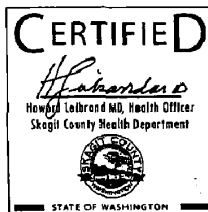
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
<b>CERTIFICATE OF DEATH</b>	
CERTIFICATE NUMBER: 2025-011119	LOCAL FILE NUMBER: 1115
DATE ISSUED: 03/07/2025 FEE NUMBER:	
FIRST AND MIDDLE NAME(S): VAN MICHAEL LAST NAME(S): MOBLEY	
COUNTY OF DEATH: SNOHOMISH DATE OF DEATH: FEBRUARY 21, 2025 HOUR OF DEATH: 09:15 AM SEX: MALE SOCIAL SECURITY NUMBER: [REDACTED] AGE: 67 YEARS	PLACE OF DEATH: HOSPITAL FACILITY OR ADDRESS: PROVIDENCE REGIONAL MED CENTER CITY, STATE, ZIP: EVERETT, WASHINGTON 98201-4147
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE BIRTH DATE: [REDACTED] BIRTHPLACE: FAIRBANKS, AK	RESIDENCE STREET: 45650 MAIN ST. CITY, STATE, ZIP: CONCRETE, WA 98237 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 5 YEARS
MARITAL STATUS: MARRIED SURVIVING SPOUSE: KATHLEEN SUE SAMUELSON	FATHER: IRVING THEODORE MOBLEY MOTHER: EVELYNN [REDACTED]
OCCUPATION: SUPERVISOR INDUSTRY: LABORERS UNION EDUCATION: ASSOCIATE DEGREE US ARMED FORCES: NO	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
INFORMANT: KATHLEEN S. MOBLEY RELATIONSHIP: WIFE ADDRESS: P.O. BOX 15, CONCRETE, WA, 98237	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: MARCH 06, 2025
CAUSE OF DEATH: A: ACUTE HYPOXIC RESPIRATORY FAILURE INTERVAL: DAYS B: BACTERIAL PNEUMONIA INTERVAL: DAYS C: METASTATIC PROSTATE CANCER INTERVAL: YEARS D: INTERVAL:	FUNERAL FACILITY: SKAGIT CREMATION SERVICES LLC ADDRESS: PO BOX 433 CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: COLE B. ERIKSON
OTHER CONDITIONS CONTRIBUTING TO DEATH:	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: NOT APPLICABLE
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CERTIFIER NAME: POLLY HABERLIN, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 1700 13TH STREET CITY, STATE, ZIP: EVERETT, WASHINGTON 98201 DATE SIGNED: MARCH 04, 2025
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	LOCAL DEPUTY REGISTRAR: BRANDI LONG DATE RECEIVED: MARCH 05, 2025

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health DOH 422-034 August 2019		<b>Affidavit for Correction</b> This is a legal document. Complete in ink and do not alter.		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
STATE OFFICE USE ONLY					
State File Number		Fee Number		Affidavit Number	
<b>Required information must match current information on record</b>					
<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
	1. Name on Record: First Middle Last				
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last		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: <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>					
8. The record currently shows:			9. The true fact is:		
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: Printed name: Date:			14b. Signature of 2nd parent (if required): Printed name: 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. 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).					
<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 parent's 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>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>					
<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>					
<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 7 1 8 5 9 2 0