

After recording, return to:
Cheryl Mansfield
1719 6th Street
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/05/2025

Grantor (Name of Decedent): Bertha Marie Trueman _____

Grantee (Heirs): Richard Francis Trueman _____

Abbreviated Legal Description: PTN LTS 53 AND 54, BIG LAKE WATER FRONT TRACTS, SKAGIT
COUNTY, WASHINGTON

Tax Parcel No.(s): P62045 / 3862-000-054-0105

Chicago Title
620058905

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, Cheryl Mansfield, executes this affidavit relating
to the estate of Bertha Marie Trueman (herein "Decedent"), who
died on 6-6-2024, in the County of Skagit, State of
Washington, then being a resident of the City of Mount
Vernon, 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

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

- ☐ 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): _____

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: Richard Francis Trueman, 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

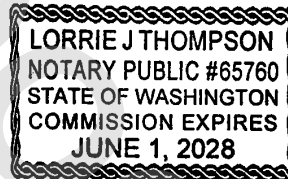
5. **Status of the Will (if any)**

- ☒ 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.

Cheryl Mansfield
 Signature

Cheryl Mansfield
 Print Name



State of Washington
 County of SKAGIT

This record was acknowledged before me on 6-3-2025 by

Cheryl Mansfield

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): P62045 / 3862-000-054-0105

PARCEL A:

PORTION OF LOTS 53 AND 54, BIG LAKE WATER FRONT TRACTS, SKAGIT COUNTY, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 12, RECORDS OF SKAGIT COUNTY, WASHINGTON.

BEGINNING AT THE INTERSECTION OF THE SOUTHEASTERLY LINE OF LOT 54 OF SAID PLAT OF BIG LAKE WATERFRONT TRACTS, PRODUCED SOUTHWESTERLY AND THE NORTHEASTERLY LINE OF THE COUNTY ROAD KNOWN AS H.C. PETERS ROAD; THENCE NORTH 26°22' EAST ALONG THE SOUTHEASTERLY LINE OF SAID LOT 54, A DISTANCE OF 219.22 FEET; THENCE NORTH 63°38' WEST A DISTANCE OF 48.81 FEET TO THE TRUE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE NORTH 63°38' WEST A DISTANCE OF 48.81 FEET; THENCE NORTH 26°22' EAST A DISTANCE OF 220 FEET, MORE OR LESS, TO THE SHORE OF BIG LAKE; THENCE SOUTHEASTERLY ALONG SHORE OF BIG LAKE TO A POINT THAT BEARS NORTH 26°22' EAST FROM THE TRUE POINT OF BEGINNING; THENCE SOUTH 26°22' WEST A DISTANCE OF 215 FEET, MORE OR LESS, TO THE TRUE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL B:

AN EASEMENT FOR INGRESS, EGRESS AND UTILITIES AND COMMUNITY ACCESS AS ESTABLISHED BY INSTRUMENT RECORDED UNDER AUDITOR'S FILE NO. 653573, RECORDS OF SKAGIT COUNTY, WASHINGTON;

EXCEPT THAT PORTION OF SAID EASEMENT WHICH LIES WITHIN THE ABOVE-DESCRIBED MAIN TRACT.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-027590

DATE ISSUED: 06/10/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BERTHA MARIE

LAST NAME(S): TRUEMAN

AKA: B. MARIE TRUEMAN

AKA: MARIE TRUEMAN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 06, 2024

HOUR OF DEATH: 10:30 AM

SEX: FEMALE

AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 23631 GLENN ALLEN PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 23631 GLENN ALLEN PL

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8289

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 43 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RICHARD TRUEMAN

FATHER: JOE ALGOT CARLSON

MOTHER: ANNA [REDACTED]

OCCUPATION: BOOKKEEPER

INDUSTRY: ACCOUNTING/BOOKKEEPING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 11, 2024

INFORMANT: STEVEN RICHARD TRUEMAN

RELATIONSHIP: SON

ADDRESS: 23631 GLENN ALLEN PLACE, MOUNT VERNON, WA 98274

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: EUGENIO MORALES

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
STAGE 4 CHRONIC KIDNEY DISEASE, ANEMIA, ATRIAL FIBRILLATION

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 07, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: JUNE 10, 2024

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

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

202506050014

06/05/2025 10:53 AM
Mailing: 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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:	

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:	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
- 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 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.

*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.

Adult (18 years or older)

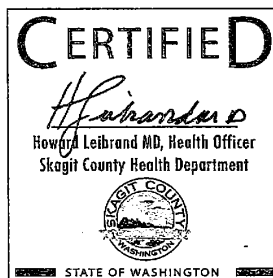
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

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.



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