

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/01/2025

After recording, return to:
Earl M Garlin, Jr.
9902 132nd St East
Puyallup, WA 98373

Chicago Title
620059175

Grantor (Name of Decedent): Norma Jean Garlin
Grantee (Heirs): Earl Garlin, Jr
Abbreviated Legal Description: PTN OF TRACT 70, PLAT OF THE BURLINGTON ACREAGE
PROPERTY
Tax Parcel No.(s): P62761 and P62764

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, Earl Garlin Jr, executes this affidavit relating to the estate of
Norma Jean Garlin (herein "Decedent"), who died on September 1, 2024,
in the County of Skagit, State of Washington, then being a resident of the
City of Burlington, 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.

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

☐ 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: Earl Garlin Jr, 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:

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.

Earl M. Garlin Jr
 Signature

EARL M. GARLIN JR
 Print Name

State of Washington

County of Pierce

Signed and sworn to (or affirmed) before me on 30 June 2025 by
Earl M. Garlin Jr
 (name of person making statement).

Tashawn Gibson
 Name: Tashawn Gibson
 Notary Public in and for the State of Washington,
 Residing at: Tacoma, WA

My appointment expires: 7 Aug 2026

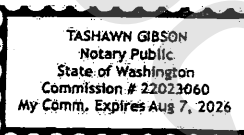
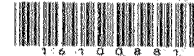


EXHIBIT "A"**Order No.:** 245471362

THAT PORTION OF THE SOUTH HALF OF THE WEST HALF OF TRACT 70, PLAT OF THE BURLINGTON ACREAGE PROPERTY, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 1 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:
BEGINNING AT THE SOUTHWEST CORNER OF SAID TRACT 70;
THENCE SOUTH 89°40'30" EAST ALONG THE SOUTH LINE OF SAID TRACT 70, 100.00 FEET;
THENCE NORTH 0°24'00" WEST PARALLEL WITH THE WEST LINE OF THE SAID TRACT 70, 60.00 FEET;
THENCE NORTH 89°40'30" WEST PARALLEL WITH SAID SOUTH LINE 100.00 FEET TO THE SAID WEST LINE OF TRACT 70;
THENCE SOUTH 0°24'00" EAST ALONG SAID WEST LINE 60.00 FEET TO THE POINT OF BEGINNING.
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-030544

DATE ISSUED: 04/02/2025

FEE NUMBER: 2711

FIRST AND MIDDLE NAME(S): NORMA JEAN
LAST NAME(S): GARLINCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 20, 2023 FOUND
HOUR OF DEATH: 06:47 AM FOUND
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: BURLINGTON, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: EARL GARLINOCCUPATION: NURSE
INDUSTRY: MEDICAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NOINFORMANT: EARL GARLIN
RELATIONSHIP: HUSBAND
ADDRESS: 982 SOUTH ANACORTES STREET, BURLINGTON, WA 98233CAUSE OF DEATH:
A: CARDIAC COMPROMISE
INTERVAL: 1 YEAR
B: TYPE 2 DIABETES MELLITUS
INTERVAL: 7 YEARSC:
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: 982 SOUTH ANACORTES STREET
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 982 SOUTH ANACORTES STREET
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARSFATHER: RAYMOND GENE WILSON JR
MOTHER: NORMA FLORENCE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 28, 2023

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER 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: AARON D. BRINKLOW, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DR
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
DATE SIGNED: JUNE 23, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 230620-613
ATTENDING PHYSICIAN: AARON BRINKLOW, DOLOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: JUNE 23, 2023

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

07/01/2025 03:00 PM

STATE OFFICE USE ONLY

| | | | | |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

Required Information must match current information on record

| | | |
|---|--|-------------------------------------|
| 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 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:

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
- 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.

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.

This is a true and exact certification of the record
officially registered and on file with the Washington
State Department of Health, issued under the
authority of chapter 70.58A RCW.



CERTIFIED
Chantell Harmon Reed
Chantell Harmon Reed, MS-HCM, Doula
DIRECTOR OF PUBLIC HEALTH
DO NOT DESTROY

2700862

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



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