



202507180106

07/18/2025 01:37 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025-2292

JUL 18 2025

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

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Marjorie Dellinger 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 Marvin Dale Dellinger, who died on 6/24/25  
*Decedent/Grantor* *Date*  
at Mt. Vernon Skagit Wash.  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

1.0000 ac DK 12: DR 19: PTN SE 1/4, SW 1/4,  
SE 1/4, section 2, Township 34, North,  
Range 3 East, W.M. AKA TR A SHT PLT 12  
10-76 AF# 832834

Assessor's Property Tax Parcel/Account Number: P21066  
(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)

Marjorie Marie Dellinger 82 wife

16679 Oknell Rd MT Vernon, Wa 98273

Full name, age, relationship, address

~~Carey~~ Carey Sue Thibodeaux 57, daughter

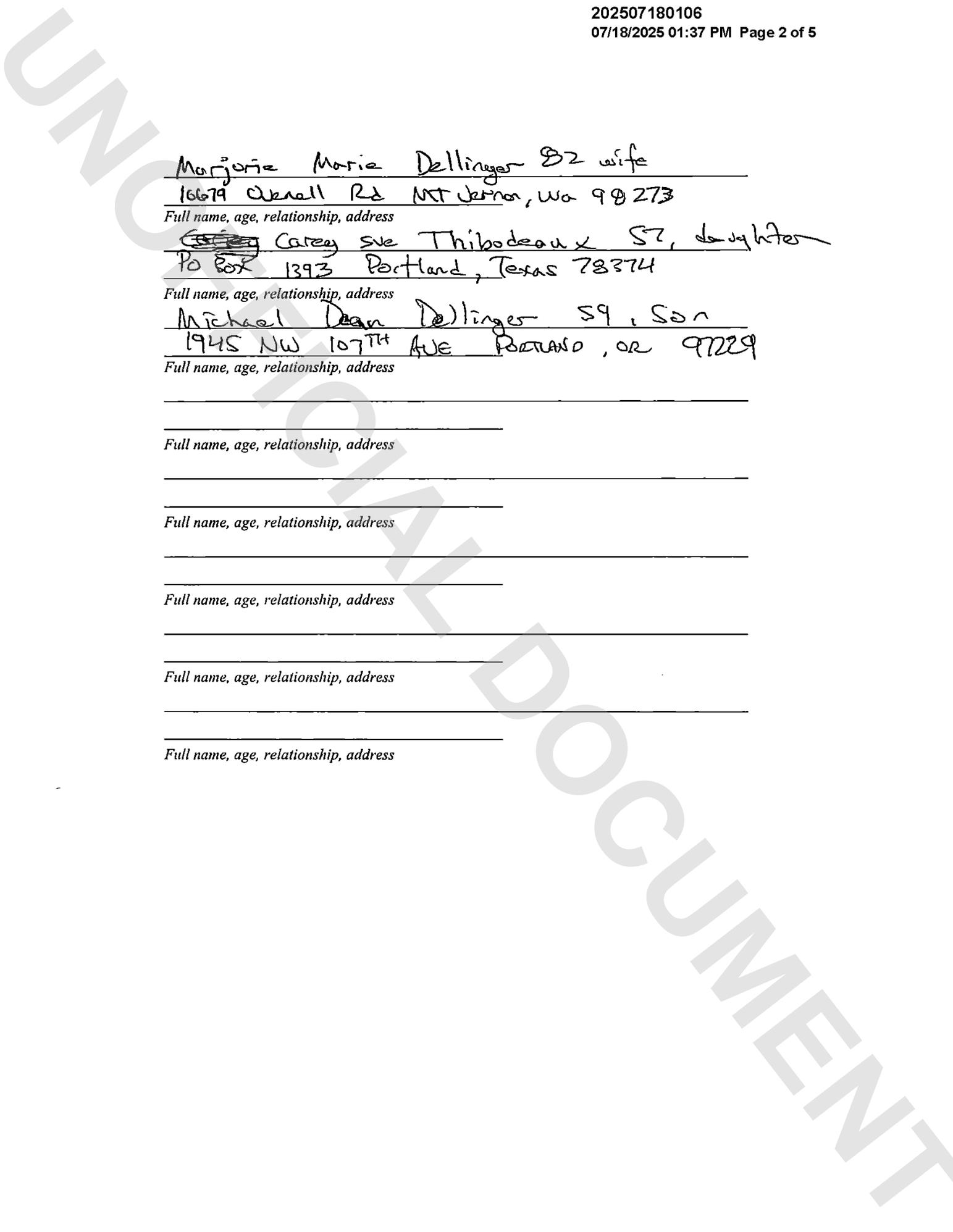
Po Box 1393 Portland, Texas 78374

Full name, age, relationship, address

Michael Dean Dellinger 59, son

1945 NW 107TH AVE PORTLAND, OR 97229

Full name, age, relationship, address



Dated: 7/17/25

Marjorie Marie Dellinger  
Affiant's full name

(360)472-6046

Telephone number  
16679 Overell Road

Mount Vernon Street Wa.

City State Zip Code

98273

Marjorie Marie Dellinger  
Signature

7-17-2025  
Date

State of Washington County of \_\_\_\_\_

Skagit

I know or have satisfactory evidence that Marjorie Marie Dellinger  
(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: 7, 17, 2025

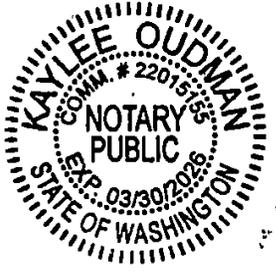
Kaylee Oudman  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3, 30, 2026



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-031870

DATE ISSUED: 06/26/2025  
FEE NUMBER: 310625

FIRST AND MIDDLE NAME(S): MARVIN DALE  
LAST NAME(S): DELLINGER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 24, 2025  
HOUR OF DEATH: 05:40 AM  
SEX: MALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 16679 OVENELL ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 16679 OVENELL ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARS

BIRTH DATE: [REDACTED]  
BIRTH PLACE: SEATTLE, WA

FATHER: BARNEY RAY DELLINGER  
MOTHER: MAMIE RUTH [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: MARJIE FRIEDRICHS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

OCCUPATION: STORE MANAGER  
INDUSTRY: HARDWARE / HOME IMPROVEMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: STANWOOD, WASHINGTON  
DISPOSITION DATE: JUNE 29, 2025

INFORMANT: DEAN DELLINGER  
RELATIONSHIP: SON  
ADDRESS: 1945 NW 107TH AVENUE, PORTLAND, OR 97229

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 8808 271ST ST NW  
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292  
FUNERAL DIRECTOR: AMY H. BERMAN

CAUSE OF DEATH:  
A: INTERSTITIAL LUNG DISEASE  
INTERVAL: 3 MONTHS  
B: PNEUMONIA  
INTERVAL: 3 MONTHS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: UNSPECIFIED DEMENTIA

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: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JUNE 24, 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: CHERYL PETERSON  
DATE RECEIVED: JUNE 26, 2025



Affidavit for Correction

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Mail to: Center for Health 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

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: MM/DD/YYYY
3. Place of Event: (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)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Parent(s) Guardian Funeral Director Informant Other (specify) Hospital

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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 13)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature: Printed name: Date:
14b. Signature of 2nd parent (if required): 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.

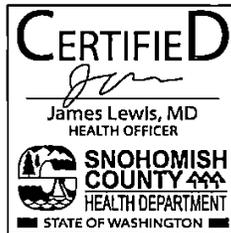
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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.
\*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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