202508010030
08/01/2025 10:07 AM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20252472
AUG 01 2025
Amount Paid $0
Skagit Co. Treasurer
By KO Deputy

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address:	28408 Utopia Road, 28459 Utopia Road, & No Situs, Sedro Woolley, WA 98284
Legal:	SW ¼ SE ¼, 14-35-5
Parcel No.:	P122720 / 350514-3-011-0300; P39090 / 350514-3-011-0009; P39095 / 350514-4-004-0006

LACK OF PROBATE REAL ESTATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

The affiants, Julie A. Tingley and Kristin Nelson, execute this affidavit relating to the estate of JEAN DEWITT, the Decedent, who died on May 3rd, 2025, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

Julie A. Tingley and Kristin Nelson, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiants are the rightful heirs to the property described below.

Relationship of the Affiant to the Decedent

2. The affiants are (check one):
   - ☐ The lawful surviving spouse of the Decedent
   - ☐ Registered domestic partner of the Decedent
   - ☒ Surviving children of the Decedent
   - ☐ One 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 and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Full Name	Age	Relationship to Decedent
Julie A. Tingley	Legal	Daughter
Kristin Nelson	Legal	Daughter

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:

The West 382 feet of that portion of the Southwest Quarter of the Southeast Quarter lying Northerly of the Country road, in Section 14, Township 35 North, Range 5 East of W.M.,

ALSO, that portion of the Southwest Quarter of the Southeast Quarter of Section 14, Township 35 North, Range 5 East of W.M., if any, lying Southerly of the County road,

ALSO, the East 693 feet of the Southeast Quarter of the Southwest Quarter, Section 14, Township 35 North, Range 5 East of W.M., EXCEPT road, EXCEPT the North 20 feet of that portion lying West of a certain creek as deeded to R. S. Gill, by deed dated December 17, 1914, filed February 21, 1920, under Auditor's File No. 139445 and recorded in Volume 116 of Deeds, page 221, AND EXCEPT that portion, if any, lying West of the East line of the West 627 feet of said Southeast Quarter of the Southwest Quarter, EXCEPT that portion conveyed to Skagit County be deed recorded October 4, 1983, under Auditor's File No. 8310040010.

Situate in the County of Skagit, State of Washington.

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

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

☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 3/31/14. The Will devises and states that:

III. I hereby give, devise and bequeath all of the rest, residue and remainder of my estate, as defined above and including without limitation all property acquired by me after the execution of this Will, to Julie Tingley and Kristin Nelson, in equal shares by right of representation.

DATED: 7/24, 2025

Julie A. Tingley – Affiant

DATED: 7/24, 2025

Kristin Nelson - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Julie A. Tingley** and **Kristin Nelson** to me known to be the individual(s) described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24 day of July, 2025

NOTARY PUBLIC in and for the
State of Washington, residing at
Clearlake
Commission Expires: 11.15.27

SHERI M GODIN-PAULSEN NOTARY PUBLIC COMM. NO. 156716 COMM. EXP. 11/15/2027 STATE OF WASHINGTON

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2025-022340**

DATE ISSUED: **05/06/2025**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **BETTY JEAN**
LAST NAME(S): **DEWITT**
AKA: **JEAN DEWITT**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 03, 2025**
HOUR OF DEATH: **05:00 AM**
SEX: **FEMALE** AGE: **89 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **SEDRO-WOOLLEY, WA**

MARITAL STATUS: **WIDOWED**
SURVIVING SPOUSE: **NOT APPLICABLE**

OCCUPATION: **FLORIST**
INDUSTRY: **GROCERY**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **JULIE TINGLEY**
RELATIONSHIP: **DAUGHTER**
ADDRESS: **22285 CULLY ROAD, SEDRO-WOOLLEY, WA 98284**

CAUSE OF DEATH:
A: **SEVERE AORTIC VALVE STENOSIS, NON-RHEUMATIC**
INTERVAL: **YEARS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **CONGESTIVE HEART FAILURE, TYPE 2 DIABETES MELLITUS, ANEMIA, LEG WOUNDS, HYPERTENSION**

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: **28408 UTOPIA ROAD**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **28408 UTOPIA ROAD**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WA 98284**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **62 YEARS**

FATHER: **FLOYD HENDRIX**
MOTHER: **HELEN LOUISE** [redacted]

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **UNION CEMETERY**

CITY, STATE: **SEDRO-WOOLLEY, WASHINGTON**
DISPOSITION DATE: **MAY 09, 2025**

FUNERAL FACILITY: **LEMLEY CHAPEL**

ADDRESS: **1008 THIRD ST**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
FUNERAL DIRECTOR: **DOUGLAS E. HUTTER**

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**

CERTIFIER NAME: **LISSA ANDERSON, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **MAY 05, 2025**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**
DATE RECEIVED: **MAY 05, 2025**

202508010030

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Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

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	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) 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 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.

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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED

Howard Leibrand MD, Health Officer
Skagit County Health Department

SKAGIT COUNTY WASHINGTON

STATE OF WASHINGTON

07188438