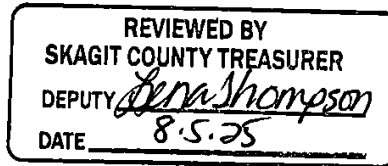




202508050017

08/05/2025 10:34 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
400111-LT



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Irene M. Richardson, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving spouse of Harold L. Richardson
Relationship to decedent Decedent/Grantor Name

who died on Oct 10 2024 at
Date

Mount Vernon Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 313, Shelter Bay Div. 2

Assessor's Property Tax Parcel/Account Number: S3402350019/5100-002-313-0000/P129145
(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)

Irene M. Richardson, age 88, surviving spouse
1810 E. Division St # 219 Mount Vernon WA 98274
Full name, age, relationship, address

Linda Nicklin, age 62, daughter
Juneau, Alaska
Full name, age, relationship, address

Carol Anson, age 63, daughter
Spokane, Washington
Full name, age, relationship, address

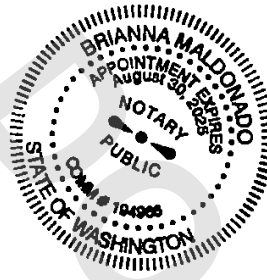
Jeff Anson, age 42, grandson
Mexico
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: July 31 2025Affiant's full name Irene M. RichardsonTelephone number 360-460-56231810 E. Division St #219City Mount Vernon State Washington Zip Code 98214Signature Irene M. Richardson Date 7-31-25STATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 31 day of July, 2025 by
Irene M. RichardsonSignature Bearne WillardTitle Notary PublicMy appointment expires: Aug 30, 2025

Legal Description

Lot 313 , "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-049190

DATE ISSUED: 10/11/2024

FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): HAROLD LINCOLN
LAST NAME(S): RICHARDSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 10, 2024

HOUR OF DEATH: 02:40 AM

SEX: MALE AGE: 92 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: IRENE MARY ROTH LISBERGER

OCCUPATION: TEACHER

INDUSTRY: EDUCATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: IRENE MARY RICHARDSON

RELATIONSHIP: WIFE

ADDRESS: 1810 E DIVISION ST, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: SENILE DEGENERATION OF THE BRAIN

INTERVAL: YEARS

B:

INTERVAL:

C:

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: 1810 E DIVISION ST APT 541

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-6731

RESIDENCE STREET: 1810 E DIVISION ST APT 541

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-6731

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: UNKNOWN

FATHER: HAROLD LINCOLN RICHARDSON

MOTHER: DOROTHY KATHLEEN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CALL PLUS - KENT

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: OCTOBER 10, 2024

FUNERAL FACILITY: WESTERN CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115

FUNERAL DIRECTOR: ADRIEN H. HUNTER

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: OCTOBER 10, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: OCTOBER 10, 2024

Affidavit for Correction

08/05/2025 10:34 AM Page 6 of 6

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:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(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)	
First	Middle	Last/Maiden	First	Middle
			Last/Maiden	
6. Name of Person Requesting Correction: Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital				
Person on Record: ☐ 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 foregoing is true and correct.				
14a. Signature:			14b. Signature of 2 nd parent (if required):	
Printed name:			Printed name:	
Date:			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.				
• 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.				



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



CERTIFIED

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

2700792



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