

Return Address:

GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 08/22/2025

GNW 25-23323

AFFIDAVIT (LACK OF PROBATE) R

The undersigned affiant/grantee Molly M. Howard, 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 the Spouse

Relationship to decedent

of Thomas Michael Howard, who died on April 30th, 2024
Decedent/Grantor

Date

at Mount Vernon
City

Skagit
County

Washington
State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Full Legal Description: Lot 29, Plat of Woodside PUD Divisions 1 and 2,

recorded July 27, 2016, under Skagit County Auditor's File No. 201607270025,

Situate in the County of Skagit, State of Washington

Assessor's Property Tax Parcel/Account Number: P133263 / 6038-000-029-0000

☐ 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)

(Page 1 of _____)

molly m Howard 71 Spouse
10822 211th Ave Court East, Gunner VA 98391

Full name, age, relationship, address

Paula K. Rutledge Daughter
17697 Green Acres Rd, Mt Vernon VA 98273

Full name, age, relationship, address

Michael E. Howard Son
10822 211th Ave Ct E, Bonney Lk, WA 98391

Full name, age, relationship, address

Patricia L. Kivett Daughter
611 SW 5th Ct A 408, Renton WA 98057

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 : 08/19/2025

Molly M Howard

Affiant's full name

360-421-8947

Telephone number

10822 211th Avenue Court East

Bonney Lake

Street

WA

98391

City

State

Zip Code

Molly M Howard

08/19/2025

Signature

Date

State of Washington

County of Skagit

I know or have satisfactory evidence that Molly M Howard

(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: 08/19/2025

Signature of Notary Public

(SEAL OR
STAMP)

KYLE BEAM
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION # 210008
COMMISSION EXPIRES 09/11/2027

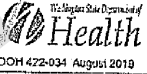
Residing at: Skagit

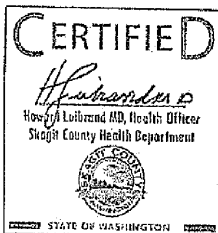
Notary Public in and for the State of WA

My appointment expires: 09/11/2027

Notarized remotely online using communication technology via Proof.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2024-021199	DATE ISSUED: 05/03/2024 FEE NUMBER:
FIRST AND MIDDLE NAME(S): THOMAS MICHAEL LAST NAME(S): HOWARD	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: APRIL 30, 2024 HOUR OF DEATH: 02:45 AM SEX: MALE AGE: 76 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 454 SOUTH 48TH STREET CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 454 S 48TH ST CITY, STATE, ZIP: MOUNT VERNON, WA 98274-3956 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 7 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: SAN FRANCISCO, CA	FATHER: THOMAS HOWARD MOTHER: [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: MOLLY MARIE SMIT	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
OCCUPATION: ADMINISTRATION INDUSTRY: COMMUNITY COLLEGE EDUCATION: MASTER'S DEGREE US ARMED FORCES: YES	CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: MAY 03, 2024
INFORMANT: MOLLY M. HOWARD RELATIONSHIP: WIFE ADDRESS: 454 SOUTH 48TH STREET, MOUNT VERNON, WA 98274	FUNERAL FACILITY: SIG'S FUNERAL SERVICES ADDRESS: 809 W. ORCHARD DRIVE SUITE 2 CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225 FUNERAL DIRECTOR: JUSTIN M. AASE
CAUSE OF DEATH: A: RENAL CELL CANCER INTERVAL: 6 YEARS B: INTERVAL: C: INTERVAL: D: INTERVAL:	MANNER OF DEATH: NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY PREGNANCY STATUS IF FEMALE: NOT APPLICABLE
OTHER CONDITIONS CONTRIBUTING TO DEATH:	CERTIFIER NAME: LESLIE A. ESTEP, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 DATE SIGNED: APRIL 30, 2024
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: MAY 02, 2024
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

 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 File Number		Fee Number	
Initials		Date	
Affidavit Number			
STATE OFFICE USE ONLY			
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:		2. Date of Event:	
3. Place of Event:		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:		<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:			
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 2nd 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 Num/ident 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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