



202508260031

08/26/2025 09:45 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
400399-LT

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2025-2749
AUG 26 2025

Amount Paid \$ 1,725.00
Skagit Co. Treasurer
By *CC* Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Karolyn Jo Seelye, 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 Robert M. Seelye,
Relationship to decedent *Decedent/Grantor Name*

who died on 11/14/2021 at
Date

Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 850, Amended Survey of Shelter Bay
Div. 5

Assessor's Property Tax Parcel/Account Number: S3302020047/5100-005-850-0000/P129500
(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)

Karolyn Jo. Seeley, age 79, surviving spouse
13230 Marlinn Dr. Mount Vernon WA 98273

Full name, age, relationship, address

Dated: August 20 2025
Affiant's full name: Karolyn Jo Seeley

Affiant's full name: 2010 - 300 - 0988

Telephone number: 13230 Marinugh Drive

City: Mount Vernon Street: WA Zip Code: 98273

Signature: Karolyn Seeley Date: 8/20/2025

STATE OF WASHINGTON
COUNTY OF SKAGIT

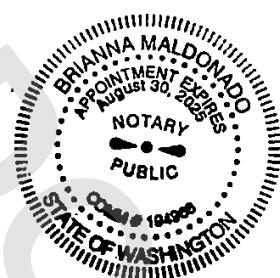
Signed and sworn to (or affirmed) before me on this 20 day of Aug, 2025 by
Karolyn Jo. Seeley

Signature: Bethel Allesher

Signature

Title: Notary Public

My appointment expires: Aug 30, 2025



Legal Description

Lot 850, "AMENDED SURVEY OF SHELTER BAY DIVISION 5, Tribal and Allotted Lands of Swinomish Indian Reservation", as recorded on June 2, 1976, in Volume 1 of Surveys, pages 184 to 186, records of Skagit County, Washington under Auditor's File No. 836134,

Situate in County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-055319

DATE ISSUED: 11/14/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT MICHAEL
LAST NAME(S): SEELEYCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 09, 2024
HOUR OF DEATH: 09:10 AM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: KAROLYN JO LEVICKOCCUPATION: ELECTRICIAN
INDUSTRY: CONSTRUCTION - ELECTRICAL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: KAROLYN JO SEELEY
RELATIONSHIP: WIFE
ADDRESS: 13230 MARIHUGH ROAD, MOUNT VERNON, WA, 98273CAUSE OF DEATH:
A: RIGHT HEART FAILURE
INTERVAL: UNKNOWN
B: CORONARY ARTERY DISEASE AND SEVERE TRICUSPID REGURGITATION
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: PSEUDOMONAS INFECTION OF
RIGHT KNEE REPLACEMENT, ANEMIA, ATRIAL FIBRILLATION, CHRONIC KIDNEY
DISEASE, STAPHYLOCOCCUS INFECTION, STAPH ABSCESSDATE 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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: 2120 EAST DIVISION STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 13230 MARIHUGH RD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-7256
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARSFATHER: ROBERT ENRIDGE SEELEY
MOTHER: JUNE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORIUMCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 14, 2024FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFYMANNER 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 APPLICABLECERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 13, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: NOVEMBER 14, 2024



DOH 422-034 August 2019

Affidavit for Correction

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

202508260031

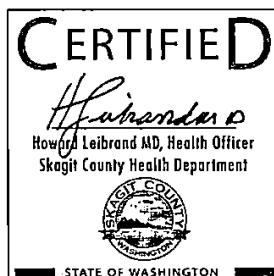
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Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300**STATE OFFICE USE ONLY**

State File Number		Fee Number	Initials	Date	Affidavit Number
Required	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: Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> 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:					
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 2 nd 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:					
<ul style="list-style-type: none"> • 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					
<ol style="list-style-type: none"> 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					
<ul style="list-style-type: none"> • 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. 					
<p>*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.</p>					
Death Certificates					
<ol style="list-style-type: none"> 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					
<ol style="list-style-type: none"> 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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