



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 Seeley, 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. Seeley
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 Marfingh Dr. Mount Vernon WA 98273

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

Full name, age, relationship, address

Full name, age, relationship, address

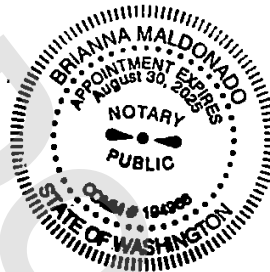
Full name, age, relationship, address

Dated: August 20 2025Affiant's full name Karolyn Jo SeelyTelephone number 206 - 300 - 098813230 Marinugh DriveMount Vernon WA 98273
City State Zip CodeKarolyn Jo Seely 8/20/2025
Signature DateSTATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 20 day of Aug, 2025 byKarolyn Jo SeelyBernie Mueller

Signature

Notary Public

Title

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): SEELEY

COUNTY 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: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KAROLYN JO LEVICK

OCCUPATION: ELECTRICIAN

INDUSTRY: CONSTRUCTION - ELECTRICAL

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: KAROLYN JO SEELEY

RELATIONSHIP: WIFE

ADDRESS: 13230 MARIHUGH ROAD, MOUNT VERNON, WA, 98273

CAUSE 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 ABSCESS

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: 2120 EAST DIVISION STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE 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 YEARS

FATHER: ROBERT ENRIDGE SEELEY

MOTHER: JUNE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: NOVEMBER 14, 2024

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: KIRK S. DUFFY

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: NOVEMBER 13, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: NOVEMBER 14, 2024



Affidavit for Correction

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 | 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: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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: Printed name: Date: | 14b. Signature of 2 nd 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

Death Certificates

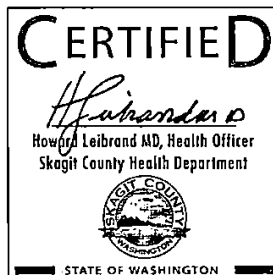
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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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