

**Return Address:**  
Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221  
215733-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 09/04/2025

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Michael Foster, 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  
Spouse of Betty Jean Foster,  
*Relationship to decedent* *Decedent/Grantor Name*

who died on 03-03-2018 at  
*Date*  
Anacortes Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**  
Abbreviated Legal Description: Lot 135, Clearidge, Div. II

Assessor's Property Tax Parcel/Account Number: 4449-000-135-0009/P82588  
(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)

Kelly Sayer, Daughter, 31015 44th Ave  
Auburn WA 98001  
*Full name, age, relationship, address*

Angela Foster, Daughter, 23817 47th  
Ave Court E. Graham WA 98338  
*Full name, age, relationship, address*

Michael Drenth, Son, 425 West 18th McMinnville  
OR 97128  
*Full name, age, relationship, address*

Dianne Christie, Daughter, 2211 So. Starlake Rd.  
# 24-201 Ferndale way WA 98003  
*Full name, age, relationship, address*

Michael Foster, Husband, 9813 196th St. East Graham  
WA, 98338  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

Dated: 08-14-2025

Michael Martin Foster  
Affiant's full name

(360) 770-0780  
Telephone number

9813 190<sup>th</sup> St. East  
Street

Graham WA 98338  
City State Zip Code

Michael M. Foster 08-14-2025  
Signature Date

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 14 day of August, 2025 by  
Michael Foster

Shanna Reyna  
Signature

Notary Public  
Title

My appointment expires: 11/19, 2028



**Legal Description**

Lot 135, "CLEARIDGE DIV. II," as per plat recorded in Volume 13 of Plats, pages 57, 58 and 59, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 08/08/2025  
FEE NUMBER: 2711

CERTIFICATE NUMBER: 2018-011003

FIRST AND MIDDLE NAME(S): BETTY JEAN  
LAST NAME(S): FOSTER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 03, 2018  
HOUR OF DEATH: 05:37 AM  
SEX: FEMALE AGE: 88 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE:  
BIRTHPLACE: PARKERS PRAIRIE, MINNESOTA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: MICHAEL MARTIN FOSTER

OCCUPATION: REGISTERED NURSE  
INDUSTRY: HEALTH CARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: MIKE FOSTER  
RELATIONSHIP: HUSBAND  
ADDRESS: 4303 GLASGOW WAY, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: ACUTE CARDIOPULMONARY ARREST  
INTERVAL: MINUTES  
B: COMA  
INTERVAL: DAYS  
C: CEREBRAL VASCULAR ACCIDENT  
INTERVAL: DAYS  
D: ATRIAL FIBRILLATION  
INTERVAL: YEARS

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: 4303 GLASGOW WAY  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4303 GLASGOW WAY  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: HANS SCHRADER  
MOTHER: ANNA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: MARCH 17, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOHN HAAS

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: NO RESPONSE

CERTIFIER NAME: TARI ROCHE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 2511 M AVE STE B  
CITY, STATE, ZIP: ANACORTES, WA 98221  
DATE SIGNED: MARCH 09, 2018

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NJA 18SK0060  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: MARCH 12, 2018



Affidavit for Correction

09/04/2025 10:01 AM Page 6 of 6  
Marriage Statistics  
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: 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)  
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
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 foregoing 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 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of chapter 70.58A RCW.



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

2700899



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