



202510090076

10/09/2025 02:27 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

David A. Anderson

152 Swinomish Dr.

La Conner, WA 98257

SKAGIT COUNTY WASHINGTON

REAL ESTATE EXCISE TAX

2025-3511

OCT 09 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By CC Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee David Allan Anderson, 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 surviving spouse

Relationship to decedent

of Virginia Louise Anderson, who died on Feb. 10, 2024
Decedent/Grantor *Date*

at Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot# 152, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2 Tribal and Allotted Lands of Swinomish Indian Reservations," as recorded March 17, 1970, in Volume 43 of official Records, Pages 833 through 838, under Auditor's File No 731013 records of Skagit County, Washington. Together with the following described parcel: Beginning at the most southerly corner of Lot 152; thence South 62°00'00" East to the line of mean high tide; thence Northerly along the line of mean high tide to an intersection with a line projected South 66°00' 00" West to the most easterly corner of Lot 152; thence South 24°00'00" West a distance of 80.00 feet to the point of beginning.
Situate in the County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: P129021
(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)

(Page 1 of 3)

David Allan Anderson, Age 76, Spouse, 152 Swinomish Dr.

La Conner, WA 98257

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 : OCTOBER 9, 2025

Affiant's full name

David Allan Anderson

Telephone number

206-484-8734LaConner

City

WA

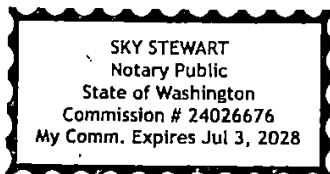
State

98257

Zip Code

David Allan Anderson
SignatureOCT. 9, 2025
DateState of WASHINGTON County of SKAGITI know or have satisfactory evidence that DAVID ALLAN ANDERSON
(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: 10/9/2025(SEAL OR
STAMP)[Signature]
Signature of Notary PublicResiding at: LA CONNER, WANotary Public in and for the State of WAMy appointment expires: JULY 3, 2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 02/20/2024
FEE NUMBER: 310224

CERTIFICATE NUMBER: 2024-007284

FIRST AND MIDDLE NAME(S): VIRGINIA LOUISE
LAST NAME(S): ANDERSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 10, 2024
HOUR OF DEATH: 06:52 PM
SEX: FEMALE 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: DAVID A ANDERSONOCCUPATION: TEACHER - ELEMENTARY/MIDDLE SCHOOL
INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NOINFORMANT: DAVID A ANDERSON
RELATIONSHIP: SPOUSE
ADDRESS: 152 SWINOMISH DRIVE, LA CONNER, WA 98257CAUSE OF DEATH:
A: DEMENTIA - LIKELY ALZHEIMER'S
INTERVAL: 1 YEARSB: INTERVAL:
C: INTERVAL:
D: INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: WEIGHT LOSS, POSSIBLE
MALIGNANCY OF THE ESOPHAGUS,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: OTHER
FACILITY OR ADDRESS: 3019 W 2ND ST
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 152 SWINOMISH DR
CITY, STATE, ZIP: LA CONNER, WA 98257-9625
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 1 YEARFATHER: WALTER WILSON HARRIS
MOTHER: ELLA AMANDA [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FLORAL HILLS CEMETERYCITY, STATE: LYNNWOOD, WASHINGTON
DISPOSITION DATE: FEBRUARY 21, 2024

FUNERAL FACILITY: PURDY AND WALTERS AT FLORAL HILLS

ADDRESS: 409 FILBERT RD
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: COLBE MARQUAYMANNER 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: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 12, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: FEBRUARY 15, 2024

**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 OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	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:		City	State	Zip
PO Box or Street 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 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:

- 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.
- 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.
- *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

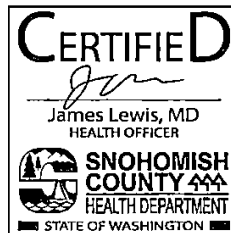
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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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