



202510210192

10/21/2025 03:06 PM Pages: 1 of 7 Fees: \$309.50  
Skagit County Auditor

When recorded return to:

Planning With Purpose, Inc  
Paul H. Grant, JD  
7627 196<sup>th</sup> St SW  
Lynnwood, WA 98036

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 3446  
OCT 21 2025

Amount Paid \$ ~~40~~  
Skagit Co. Treasurer  
By *SW* Deputy

**AFFIDAVIT OF COMMUNITY PROPERTY  
LACK OF PROBATE**

**GRANTOR:** KRISTY J. HENRICKSON and MICHAEL E. CLARK

**GRANTEE:** MICHAEL E. CLARK

**LEGAL DESCRIPTION:**

Lot 7 and Lot 8, Driftwood Tracts of Guemes Island, according to the Plat thereof  
recorded in Volume 6 of Plats, page 15, records of Skagit County, Washington.

See Exhibit A for Exceptions.

**PROPERTY TAX PARCEL OR ACCOUNT NO.**

P65123

MICHAEL E. CLARK, ("Affiant") being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, and is surviving Spouse of KRISTY J. HENRICKSON ("Decedent"), who died on JANUARY 15, 2023 in Snohomish County, Washington. A certified copy of the Death Certificate is attached hereto as *Exhibit B*.

**Real Property Description:**

Lot 7 and Lot 8, Driftwood Tracts of Guemes Island, according to the Plat thereof  
recorded in Volume 6 of Plats, page 15, records of Skagit County, Washington.

See Exhibit A for Exceptions.

Name and Address	Age	Relationship to Decedent
MICHAEL E. CLARK	Over the age of 18	Spouse
ERIC B. CLARK	Over the age of 18	Son (from marriage)

Affiant states, of their own knowledge, that each of the obligations of the Estate of Decedent, including but not limited to the debts of Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by Affiant. No Federal or state estate taxes are owed.

This affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, her heirs, creditors, and the taxing authorities, and Affiant. Affiant covenants to indemnify any such purchaser, title insurer, or other person for any loss arising from reliance on a misstatement of fact herein.

Signed on August 12, 2025

  
MICHAEL E. CLARK, Affiant

STATE OF WASHINGTON )

COUNTY OF SNOHOMISH )

This Affidavit of Community Property Lack of Probate was acknowledged before me on August 12, 2025, by MICHAEL E. CLARK, as owner and affiant. I have certified the person before me and that they are signing this document as a free and voluntary act for the uses and purposes mentioned in the document.

Witness my hand and official seal.

My commission expires: November 1, 2027



Paul H. Grant,  
Notary Public in and for the State of Washington  
Residing in Lynnwood, WA

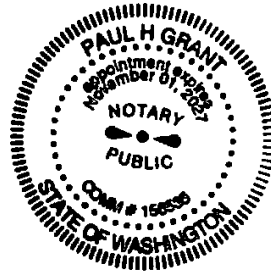


Exhibit A  
Exceptions

EXCEPT that portion of said Lot 8 being more particularly described as follows: Beginning at the Southeast corner of said Lot 8; thence North  $12^{\circ}31'04''$  East along the East line of said Lot 8, a distance of 20.54 feet; thence North  $84^{\circ}22'37''$  West a distance of 255.10 feet, more or less, to the line of mean high tide; thence Southwesterly along the line of mean high tide to a point on the Westerly projection of the South line of said Lot 8, bearing North  $85^{\circ}09'00''$  West from the Point of Beginning; thence South  $85^{\circ}09'00''$  East along the South line of said Lot 8 a distance of 260.97 feet, more or less to the Point of Beginning.

AND ALSO TOGETHER WITH tidelands of the Second Class fronting and abutting thereon. SUBJECT TO AND TOGETHER WITH all reservations, restrictions and encumbrances of record.

Exhibit A  
Exceptions

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AND ALSO TOGETHER WITH tidelands of the Second Class fronting and abutting thereon. SUBJECT TO AND TOGETHER WITH all reservations, restrictions and encumbrances of record.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-002407

DATE ISSUED: 01/20/2023

FEE NUMBER: 1706091

FIRST AND MIDDLE NAME(S): KRISTY JEAN  
LAST NAME(S): HENDRICKSON

EXHIBIT B

COUNTY OF DEATH: KING  
DATE OF DEATH: JANUARY 15, 2023  
HOUR OF DEATH: 03:40 PM  
SEX: FEMALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: [REDACTED]  
CITY, STATE, ZIP: LAKE FOREST PARK, WASHINGTON 98155

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

RESIDENCE STREET: 19615 36TH AVE NE  
CITY, STATE, ZIP: LAKE FOREST PARK, WA 98155  
INSIDE CITY LIMITS: YES COUNTY: KING  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTH DATE: JUNE 28, 1949  
BIRTHPLACE: SEATTLE, WA

FATHER: [REDACTED]  
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: MICHAEL E CLARK

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: ENVIRONMENTAL ENGINEER  
INDUSTRY: CONSULTING  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: JANUARY 19, 2023

INFORMANT: MICHAEL E CLARK  
RELATIONSHIP: SPOUSE  
ADDRESS: [REDACTED], LAKE FOREST PARK, WA 98155

FUNERAL FACILITY: THE CO-OP FUNERAL HOME OF PEOPLE'S  
MEMORIAL  
ADDRESS: 2011 1ST AVE N  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98109  
FUNERAL DIRECTOR: CHRISTOPHER J. E. RONK

CAUSE OF DEATH:  
A: AMYOTROPHIC LATERAL SCLEROSIS  
INTERVAL: YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ROBERT G. ALI, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 5950 SIXTH AVE S SUITE 100  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98108  
DATE SIGNED: JANUARY 17, 2023

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: JANUARY 19, 2023

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



# 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
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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 <sup>nd</sup> parent (if required): Printed name: Date:
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## INSTRUCTIONS – go to [www.doh.wa.gov](http://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

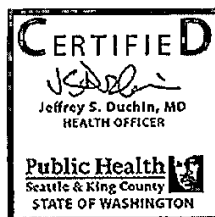
- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
  - The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
  - 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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