



202511070024

11/07/2025 10:20 AM Pages: 1 of 7 Fees: \$309.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 3645
NOV 07 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By *LT* Deputy

Document Title:

LACK OF PROBATE AFFIDAVIT

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. MARY ANN LAMBERT, DECEASED

2.

Grantee(s):

☐ additional grantee names on page ____.

1. ROY LAMBERT, JR

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LOT 10, BRICKYARD MEADOWS, DIV. I, AS PER PLAT RECORDED JULY 15, 2002, UNDER
AUDITOR'S FILE NO. 200207150172, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

119293

LACK OF PROBATE AFFIDAVITDate: 02/14/2022Order No.: 2040090-LT

Note: All applicable questions must be answered fully. Notwithstanding Land Title and Escrow Company and its underwriters possible willingness to insure this transaction without a probate of the decedent's estate, you are advised to consult with an attorney regarding the benefits of conducting a probate. A certified copy of the Death Certificate must be attached to this Affidavit.

The undersigned, being first duly sworn, and with the understanding that Land Title and Escrow Company and its underwriters will be relying on the information contained herein in determining whether or not to insure title to real property, deposes and says:

1. The undersigned is the Husband (relationship to decedent) of Mary Ann Lambert (name of decedent), who died on May 27, 2020 (date of death) at Sedro Woolley (City), Skagit (County), Washington (State).
2. At the time of his/her death, the decedent was a legal resident of Sedro Woolley (City), Skagit (County), Washington (State).
3. Initial one of the following:
 - ☐ Decedent left no last Will; or
 - ☒ Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or
 - ☐ Decedent left a last Will which was probated in _____ County, State of _____, and an authenticated Distribution is attached hereto.
4. If the undersigned is the surviving spouse of the decedent, initial any of the following which apply:
 - ☒ The undersigned and the deceased acquired the property described in the above-referenced title order as community property under deed dated 08/08/2018 and recorded under Skagit County recording number 201808080046; or
 - ☐ The undersigned and the deceased provided for the conversion of the property described in the above-referenced title order from separate property to community property by deed dated _____ and recorded under _____ County recording number _____; or
 - ☐ The undersigned and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by a Community Property

Agreement dated _____ and recorded under _____ County recording number _____.

5. A complete list of the living heirs at law of the decedent, and their ages, relationship to decedent and current address, is as follows (attach a separate page, if necessary). NOTE: The "heirs at law" include, but are not limited to, the decedent's spouse, children (natural or adopted), parents, brothers, sisters, grandchildren, and great-grandchildren).

<u>Roy Lambert Jr</u>	<u>80</u>	<u>Spouse</u>	<u>433 Rehren Loop</u>
Full Name	Age	Relationship	Complete Address
<u>Martin Lambert</u>	<u>54</u>	<u>son</u>	<u>74th St Apt D</u>
Full Name	Age	Relationship	Complete Address
<u>Gary Kenneth Lambert</u>	<u>50</u>	<u>son</u>	<u>957 10th St Hermosa Beach, CA 90254</u>
Full Name	Age	Relationship	Complete Address
<u>Nichole Marie Lambert</u>	<u>47</u>	<u>daughter</u>	<u>3923 Apache Dr. Mount Vernon, WA 98273</u>
Full Name	Age	Relationship	Complete Address
<u>Victoria Amber Lambert</u>	<u>36</u>	<u>grand-daughter</u>	<u>10880 Ridge Rim Trail Port Orchard, WA 98367</u>
Full Name	Age	Relationship	Complete Address
<u>Kylee Nicole Lambert</u>	<u>25</u>	<u>grand-daughter</u>	<u>1417 Plaza Fatima Ct 21 Paso TX 79912</u>
Full Name	Age	Relationship	Complete Address
			<u>3923 Apache Dr Mount Vernon, WA 90254</u>
			Complete Address

(continued on Attachment)

6. All the debts of the decedent, including, but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
- _____

7. The decedent was 80 years of age on the date of their death.

8. Question 8 should only be answered if the deceased was 55 years or older at the time of their death.

- a. Did the decedent receive assistance from the State of Washington, Department of Social and Health Services for subsistence or medical care (Medicaid/Welfare):

☐ Yes

☒ No

☐ I don't know

- b. If the answer to 8(a) is "yes" or "I don't know," did the decedent's spouse, at the time of the decedent's death, live on the property described in the above-referenced title order?

☐ Yes

☐ No

☐ I don't know

9. As of the date of death, the total value of the decedent's estate was approximately \$ 35,000.

Attachment

5a. A complete list of the living heirs at law of the decedent, and their ages, relationship to decedent and current address, is as follows (attach a separate page, if necessary). NOTE: The "heirs at law" include, but are not limited to, the decedent's spouse, children (natural or adopted), parents, brothers, sisters, grandchildren, and great-grandchildren). (Continued)

<u>Alex John Volk</u>	<u>24</u>	<u>grandson</u>	<u>U.S. Army</u>
Full Name	Age	Relationship	Complete Address
<u>Jacob Steven Lambert</u>	<u>22</u>	<u>grandson</u>	<u>3923 Apache Dr</u>
Full Name	Age	Relationship	Complete Address
<u>Autumn Sanchez</u>	<u>4</u>	<u>great-granddaughter</u>	<u>1417 Plaza Fatima Ct</u>
Full Name	Age	Relationship	Complete Address
<u>Troy Diego Sanchez</u>	<u>11</u>	<u>great-grandson</u>	<u>21 Pasa, TX 79912</u>
Full Name	Age	Relationship	Complete Address
<u>Billie Rae Miller</u>	<u>72</u>	<u>half-sister</u>	<u>10270 State Rt 775</u>
Full Name	Age	Relationship	Complete Address
<u>Nancy Lynn McDonald</u>	<u>70</u>	<u>half-sister</u>	<u>1245 Calle Cecelia</u>
Full Name	Age	Relationship	Complete Address
<u>Jeraldine L. Miller</u>	<u>69</u>	<u>half-sister</u>	<u>19090 Rio Verde</u>
Full Name	Age	Relationship	Complete Address
			<u>Woodbridge, CA 95258</u>
			Complete Address
Full Name	Age	Relationship	Complete Address

This affidavit is made to induce Land Title and Escrow Company and its underwriters to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

Note: A request to insure may be required from an attorney, and deeds may be required from heirs or devisees of the decedent.

Roy Lambert
Affiant's Signature

Roy Lambert

Printed Name of Affiant

433 Rorher Loop Sedro Woolley WA 98284
Address

360-631-2499
Phone Number

State of: Washington

County of: Skagit

I certify that I know or have satisfactory evidence that Roy Lambert
is the person who appeared before me, and said person acknowledged that (he/~~she~~) signed this
instrument and acknowledged it to be (his/~~her~~) free and voluntary act for the uses and purposes
mentioned in the instrument.

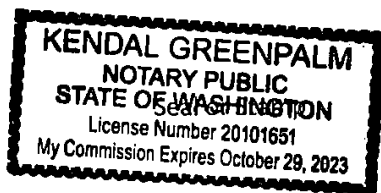
Dated: February 14, 2022

Kendal Greenpalm
Signature

Cherv
Title

My appointment
expires:

October 29, 2023



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-024382

DATE ISSUED: 05/29/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARY ANN

LAST NAME(S): LAMBERT

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 27, 2020

HOUR OF DEATH: 05:30 AM

SEX: FEMALE

AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: CHATANOOGA, TN

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ROY LAMBERT

OCCUPATION: HOME MAKER

INDUSTRY: OWN HOME

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: ROY LAMBERT

RELATIONSHIP: HUSBAND

ADDRESS: 433 ROHRER LOOP SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: ACUTE ON CHRONIC RESPIRATORY FAILURE

INTERVAL: ONE WEEK

B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: MANY YEARS

C:

INTERVAL:

D:

INTERVAL:

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: HOSPITAL

FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 433 ROHRER LOOP

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: UNKNOWN

MOTHER: NELLIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MAY 29, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: RICK B. LEMLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: EDUARDO GOO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

DATE SIGNED: MAY 28, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MAY 28, 2020



Affidavit for Correction

11/07/2025 10:20 AM Page 7 of 7

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
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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:		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		Person on Record:		
<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital		<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
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 now shows:			The true fact is:	
8.			9.	
10.			11.	
12.			13.	
14.			15.	
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct				
16a. Signature:			16b. Signature of 2nd parent (if required):	
Printed name:			Printed name:	
Date:			Date:	
INSTRUCTIONS – go to www.doh.wa.gov for more information				
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof				
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof 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 • Passport • Green/Permanent Resident card (I-551) 				
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. Documentary proof must be five or more years old or established within five years of birth				
Child under 18				
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 				
Adult (18 years or older)				
<ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof 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.				
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)				
Death Certificates				
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof				
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				

DOH 422-034 January 2015



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

CERTIFIED

MAY 29 2020

Skagit County Health Department
Howard Leibrand M.D., Health Officer



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