

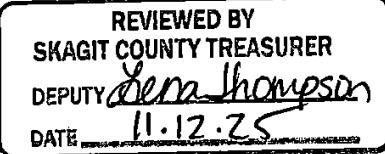


202511120085

11/12/2025 12:10 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

MARK B. NOLZE
21643 TYSST LN.
Sedro-Woolley, WA
98284



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee MARK B. NOLZE, 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 DOMESTIC PARTNER
Relationship to decedent

of KAREN CAMPBELL
Decedent/Grantor, who died on 10-24-2025
Date

at SEDRO-WOOLLEY SKAGIT WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LTA S/C S/P 96-067 PTN LT 1 S/C S/P 93-078
PTN NW SE 33.35. N EWM

Assessor's Property Tax Parcel/Account Number: P 104492
(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 _____)

MARK B. NOLZE 67 DOMESTIC PARTNER

26643 TYSSA LN. SEDRO-WOOLLEY, WA. 98284

Full name, age, relationship, address

Dated: November 12, 25

MARK B. NOLZE

Affiant's full name

360 202 9540

Telephone number

26643 TYSKA LN.

SEDRO-WOOLLEY

City

Street

WA

State

98284

Zip Code



Signature

11-12-25

Date

State of Washington

County of Skagit

I know or have satisfactory evidence that Mark Brian Nolze
(name of person)

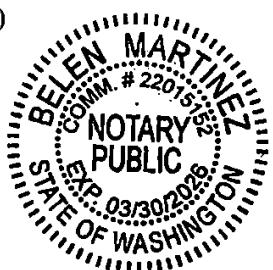
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 11/12/25



Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 03/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-052819

DATE ISSUED: 11/04/2025
FEE NUMBER: 37FIRST AND MIDDLE NAME(S): KAREN KIRKSEY
LAST NAME(S): CAMPBELLCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 24, 2025
HOUR OF DEATH: 07:45 AM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: JONESBORO, ARKANSASMARITAL STATUS: DOMESTIC PARTNER
SURVIVING SPOUSE: MARK NOLZEOCCUPATION: TELLER
INDUSTRY: BANKING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: MARK NOLZE
RELATIONSHIP: DOMESTIC PARTNER
ADDRESS: 26643 TYSSA LANE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: HIGH-GRADE GLIOMA
INTERVAL: 5 MONTHSB: [REDACTED]
INTERVAL: [REDACTED]C: [REDACTED]
INTERVAL: [REDACTED]D: [REDACTED]
INTERVAL: [REDACTED]OTHER CONDITIONS CONTRIBUTING TO DEATH: BREAST CANCER, CHRONIC
KIDNEY DISEASE

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: 26643 TYSSA LANE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 26643 TYSSA LANE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARSFATHER: TOM KIRKSEY
MOTHER: MYRTLE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COUNTY CREMATION SERVICESCITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: OCTOBER 29, 2025

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JAKE WAGGONERMANNER 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: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: OCTOBER 24, 2025CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: OCTOBER 28, 2025



DOH 422-034 August 2019

Affidavit for Correction

202511120085

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Health 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	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: Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital				
	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: _____			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:							
<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 • 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							
<ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgement 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. <p>*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.</p>							
Death Certificates <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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 70.58 RCW, and at the direction of Amy Harley, Health Officer.

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



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