



**20251240073**

11/24/2025 01:40 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

After recording mail to:

Stiles & Lehr Inc., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 3827  
NOV 24 2025

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

---

Address: 8344 Emmanuel Lane, Concrete, WA 98237  
Legal: LOT 1 OF SKAGIT COUNTY SHORT PLAT NUMBER PL01  
Parcel No.: P42706 / 350715-1-004-0108

### **LACK OF PROBATE REAL ESTATE AFFIDAVIT**

STATE OF WASHINGTON )  
                            ) ss.  
COUNTY OF SKAGIT     )

The affiant, Vicki J. Swan-Petrick execute this affidavit relating to the estate of Dean W. Petrick, the Decedent, who died on February 2, 2025, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

Vicki J. Swan-Petrick, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

#### **Relationship of the Affiant to the Decedent**

2. The affiants are (check one):

- The lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving children of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
- Other (identify): \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Full Name	Age	Relationship to Decedent
Vicki J. Swan-Petrick 8344 Emmanuel Lane Concrete, WA 98237	Legal	Spouse

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

Lot 1 of Skagit Short Plat No. PL01-0296, approved August 13, 2001 and recorded August 14, 2001, under Auditor's File No. 200108140104, being a portion of the Southwest ¼ of the Northeast ¼ of Section 15, Township 35 North, Range 7 East, W.M.

TOGETHER WITH an easement for ingress, egress and utilities as shown on the face of Skagit County Short Plat No. 93-071, approved October 21, 1994, and recorded November 3, 1994, in Volume 11 of Short Plats, page 135, under Auditor's File No. 9411030038, being a portion of the Southwest ¼ of the Northeast ¼ of Section 15, Township 35 North, Range 7 East, W.M.

AND TOGETHER WITH an easement for road utilities, and right-of-way 60.00 feet wide by 185.00 feet long, more or less, in Government Lot 1, Section 15, Township 35 North, Range 7 East, W.M., being the West 60.00 feet of said Lot 1 lying between the Northerly right-of-way line of the Cape Horn County Road as conveyed of Skagit County by deed recorded May 12, 1967, under Auditor's File No. 698925, records of Skagit County, Washington, and the North line of said Government Lot 1.

AND ALSO, a tract of land 60.00 feet wide by 60.00 feet long in the Southwest corner of the Southeast ¼ of the Northeast ¼ of Section 15, Township 35 North, Range 7 East, W.M., more particularly described as follows:

Beginning at the Southwest Corner of the Southeast ¼ of the Northeast ¼ of said Section 15; thence North 88° 45' East 60.00 feet; thence North 01° 35' West 60.00 feet;

thence South 88° 45' West 60.00 feet; thence South 01° 35' East 60.00 feet to the point of beginning.

Situate in the County of Skagit, State of Washington.

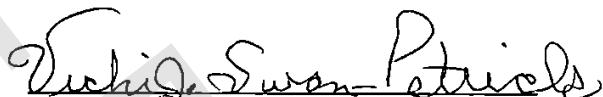
5. Status of the Will (if any)

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated March 7, 2014. The Will devises and states that:

If my spouse, Vicki Swan-Petrick, survives me, I give, devise, and bequeath to my spouse all of the rest, residue, and remainder of my property and estate, real, personal, and mixed, tangible and intangible, of whatever nature and wherever situated, including all property I may acquire or become entitled to after the execution of this will, including all lapsed legacies and devises (but excluding any property over which I may have power of appointment, it being my intention not to exercise any such power), outright and fee of trust, after payment of all my just debts, expenses, taxes, and specific bequests, if any.

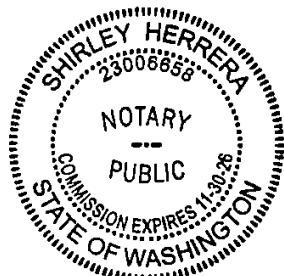
DATED: 11/6/25, 2025

  
Vicki J. Swan-Petrick – Affiant

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss.

On this day personally appeared before me Vicki J. Swan-Petrick to me known to be the individual(s) described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 1<sup>st</sup> day of November, 2025



  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Mount Vernon, WA  
Commission Expires: 11/30/26

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-005385

DATE ISSUED: 02/05/2025

FIRST AND MIDDLE NAME(S): DEAN WILLIAM  
LAST NAME(S): PETRICK

FEE NUMBER: 2715

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 02, 2025  
HOUR OF DEATH: 01:39 AM  
SEX: MALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PEACEHEALTH UNITED GENERAL HOSPITAL  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 8344 EMMANUEL LN  
CITY, STATE, ZIP: CONCRETE, WA 98237-9441  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 19 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WAFATHER: HAROLD PETRICK  
MOTHER: BETTY [REDACTED]MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: VICKI JOE SWANMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: AMERICAN MEMORIAL ASSOCIATION #69OCCUPATION: LONG HAUL TRUCK DRIVER  
INDUSTRY: TRANSPORTATION - TRUCKING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YESCITY, STATE: RENTON, WASHINGTON  
DISPOSITION DATE: FEBRUARY 05, 2025INFORMANT: VICKI J SWAN-PETRICK  
RELATIONSHIP: WIFE  
ADDRESS: 8344 EMMANUEL LANE, CONCRETE, WA 98237FUNERAL FACILITY: AMERICAN MEMORIAL  
ADDRESS: P O BOX 547  
CITY, STATE, ZIP: RENTON, WASHINGTON 98057  
FUNERAL DIRECTOR: STAN HARDING

CAUSE OF DEATH:

MANNER OF DEATH: NATURAL

A: CHRONIC HEART FAILURE  
INTERVAL: 5 YEARS

AUTOPSY: NO

B: HYPERTENSIVE CARDIOVASCULAR DISEASE  
INTERVAL: MANY YEARS

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

C:

CAUSE OF DEATH: NOT APPLICABLE

INTERVAL:

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

INTERVAL:

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

OTHER CONDITIONS CONTRIBUTING TO DEATH: [REDACTED]

CERTIFIER NAME: EDUARDO GOO, MD

DATE OF INJURY:

TITLE: PHYSICIAN

HOUR OF INJURY:

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

INJURY AT WORK:

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

PLACE OF INJURY:

DATE SIGNED: FEBRUARY 04, 2025

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: NO

CITY, STATE, ZIP:

FILE NUMBER: NOT APPLICABLE

COUNTY:

ATTENDING PHYSICIAN: NOT APPLICABLE

DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

DATE RECEIVED: FEBRUARY 05, 2025



DOH 422-034 August 2019

## Affidavit for Correction

202511240073

11/24/2025 01:40 PM Page 5 of 5

Mail to: Center for 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	
<b>Required</b>	<b>Required Information must match current information on record</b>					
	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			Relationship to: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital	<input type="checkbox"/> Other (specify) _____	
	7. Return Mailing Address: PO Box or Street Address _____			City _____	State _____	Zip _____
Telephone Number: ( ) _____ Email Address: _____						
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>						
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 <sup>nd</sup> parent (if required): _____		
Printed name: _____	Date: _____	Printed name: _____	Date: _____

**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**

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 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.

\*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.



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



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

2700797



0 7 9 7 6 0 0 7