

Return Address:

GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 12/05/2025

GNW 25-24866

AFFIDAVIT (LACK OF PROBATE) R

The undersigned affiant/grantee Jacob Roseberry, 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 Grandson

Relationship to decedent

of Linda Ann Roseberry, who died on May 28, 2022
Decedent/Grantor Date

at Sedro Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 3, PLAT OF NORTH CENTRAL DIVISION, as per plat recorded in
Volume 15 of Plats, pages 46 and 47, records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: P102012/4586-000-003-002
 (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)

Stephen Roseberry - Husband - 76
605 Cedar-tree Dr, Sedro Woolley WA 98284

Full name, age, relationship, address

Eric Eredia - Son - 55
unknown California

Full name, age, relationship, address

Matthew Roseberry - Son - 51
610 Shiloh Lane, Sedro Woolley WA 98284

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: 12/3/25Jacob Chad Ryan Roseberry

Affiant's full name

(360) 333-2117

Telephone number

20602 Nelson Ln. Apt 14Burlington

City

WA

State

98233

Zip Code



Signature

12/3/25

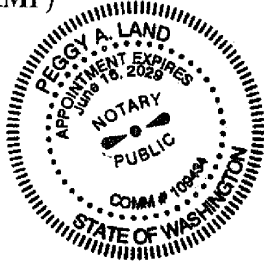
Date

State of Washington County of Skagit

I know or have satisfactory evidence that

Jacob Chad Ryan Roseberry
(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: 12.3.15(SEAL OR
STAMP)
Signature of Notary PublicResiding at: StanwoodNotary Public in and for the State of WAMy appointment expires: June 16, 2029

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2022-027801	DATE ISSUED: 06/01/2022 FEE NUMBER:
FIRST AND MIDDLE NAME(S): LINDA ANN LAST NAME(S): ROSEBERRY	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: MAY 28, 2022 HOUR OF DEATH: 04:59 PM SEX: FEMALE AGE: 81 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOSPITAL FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 605 CEDAR TREE DRIVE CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 12 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: MODENA, NY	FATHER: DONALD L PALTRIDGE MOTHER: [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: STEPHEN GREGG ROSEBERRY	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
OCCUPATION: HOMEMAKER INDUSTRY: OWN HOME EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE US ARMED FORCES: NO	CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: JUNE 02, 2022
INFORMANT: STEPHEN GREGG ROSEBERRY RELATIONSHIP: HUSBAND ADDRESS: 605 CEDAR TREE DRIVE, SEDRO-WOOLLEY, WA 98284	FUNERAL FACILITY: LEMLEY CHAPEL ADDRESS: 1008 THIRD ST CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284 FUNERAL DIRECTOR: DOUGLAS E. HUTTER
CAUSE OF DEATH: A: PENDING INTERVAL: PENDING B: INTERVAL: C: INTERVAL: D: INTERVAL:	MANNER OF DEATH: PENDING 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
OTHER CONDITIONS CONTRIBUTING TO DEATH:	CERTIFIER NAME: HAYLEY THOMPSON TITLE: CORONER/ME CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 DATE SIGNED: MAY 29, 2022
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: 220529-11 ATTENDING PHYSICIAN: NOT APPLICABLE
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: JUNE 01, 2022
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-132 (9/18)

 Affidavit for Correction		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	
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/Initials		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Initials	
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: P.O. 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 foregoing is true and correct.			
14a. Signature: Printed name: Date:		14b. Signature of 2nd parent (if required): 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			
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 DCH 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. *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.			



CERTIFIED

JUN 01 2022

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

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



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