

202512150185

12/15/2025 03:51 PM Pages: 1 of 8 Fees: \$310.50
Skagit County Auditor

Return Address:
Stephen C. Schutt
P.O. Box 1032
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 4014
DEC 15 2025

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

AFFIDAVIT (LACK OF PROBATE)

Stephen C. Schutt, being first duly sworn, deposes and says:

Notary

The undersigned affiant/grantee Sean M. Rossiter is a rightful heir, as listed on
Affiant/Grantee
heirs at law, to the real property described below, and is the step-son
Relationship to decedent
of Mary J. Bierke, who died on July 26, 2011
Decedent/Grantor
at Anacortes Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 10, BLOCK 9, WOOD'S ADDITION TO ANACORTES, WASHINGTON,
AS PER PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 35, RECORDS
OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P60653/3839-009-010-0000
(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 _____)

Harald W. Bierke, 82, Surviving Spouse, 5902 Sunset Avenue, Anacortes,
Washington 98221

Full name, age, relationship, address

Dated: _____

Sean M. Rossiter

Affiant's full name

(510) 828-4274

Telephone number

5902 Sunset Avenue

Anacortes Street
WA 98221

City State Zip Code

 12/11/25

Signature

Date

State of Washington County of Skagit

I know or have satisfactory evidence that Sean M. Rossiter
(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: 12/11/2025



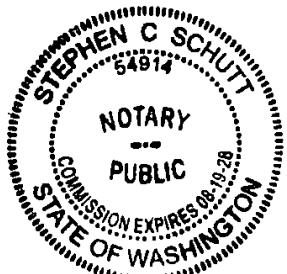
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Anacortes

Notary Public in and for the State of Washington

My appointment expires: 08/19/2028



REV 84 0017 (8/31/16)

LAST WILL AND TESTAMENT

I, MARY J. BIERKE, of Anacortes, Skagit County, Washington, do make, publish, and declare this as and to be my Last Will and Testament, hereby revoking any and all former Wills and/or Codicils heretofore by me made.

I.

I am the wife of HARALD W. BIERKE and at the time of the execution of this Will I have two adult daughters from a prior marriage, to wit: LYNN MARIE BROWNING of 10418 N. 185th, Bothell, Washington 98011 and LEE ANNE ROBISON whose present address is unknown although it is believed she is living in the Seattle, Washington area. It is my specific intent to make no provision for LEE ANNE ROBISON or any relative of mine who may survive me except as provided for herein.

II.

All of my estate of whatever nature and wheresoever situated I give, devise and bequeath unto my husband. In the event that he should predecease me, or dies in such a manner that is impossible to ascertain which of us died first, I give, devise and bequeath my said estate unto LYNN MARIE BROWNING. In the event that she should predecease me, or fails to survive me by sixty (60) days, I give, devise and bequeath my said estate unto her issue by right of representation.

III.

I hereby appoint HARALD W. BIERKE to be Personal Representative of this my Last Will and Testament, to serve without bond. In the event he is unable or unwilling to act as said Personal Representative hereof, I nominate and appoint LYNN MARIE BROWNING to serve as Personal Representative hereof, also to serve without bond.

IV.

I further direct that my estate be settled without any intervention of any court, except to the extent required by law, and that my Personal Representative settle my estate in such manner as shall seem best and most convenient, and I hereby empower my Personal Representative to mortgage, lease, sell, exchange, and convey the personal and real property of my estate without an order of Court for that purpose and without notice, approval, or confirmation, and in all respects to administer and settle my estate without the intervention of Court.

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V.

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I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral be paid by my Personal Representative as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

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VI.

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I direct my Personal Representative to pay out of and charge to the assets of my residuary estate all the estate and inheritance taxes lawfully predicated upon my death as a taxable event or lawfully imposed upon or assessed against my estate or any devise or bequest made herein by any laws with respect to all property taxable under such laws by reason of my death, whether or not such property passes under this, my Will. I waive for my estate all rights of reimbursement for any such payments.

13

14

IN WITNESS WHEREOF, I have hereto set my hand this 2nd day of December, 2005.

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16

Mary J. Bierke

17

MARY J. BIERKE

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The foregoing instrument was on the date thereof published by MARY J. BIERKE who at said time appeared to be of sound mind and memory and acting of her own free will, and by her declared to be her Last Will and Testament, in the presence of us, who at her request and in her presence and in the presence of each other, have hereunto set our hands this and day of December, 2005.

23

24

James E. Anderson

residing at Anacortes, WA

25

26

John C. Ryan

residing at Anacortes, WA

27

28

LAW OFFICE OF
JAMES E. ANDERSON, P.S.
1101 8TH STREET, SUITE A
P. O. BOX 727
ANACORTES, WASHINGTON 98221
TELEPHONE (360) 293-3177

1
2 STATE OF WASHINGTON)
3 COUNTY OF SKAGIT) ss
4)

5 The undersigned, being first duly sworn on oath deposes
6 and says:

7 1. The document to which this affidavit is attached,
8 affixed, or annexed was on the 2nd day of December, 2005
9 published by MARY J. BIERKE, who:

10 a. was over the age of 18 years and appeared to be of
11 sound mind and memory and to be acting freely and without any
12 duress, fraud, or undue influence;

13 b. signed the document in our presence and declared
14 it to be her Last Will and Testament;

15 c. requested us to sign the document as a witness,
16 which we then and there did in her presence and in the pres-
17 ence of each other;

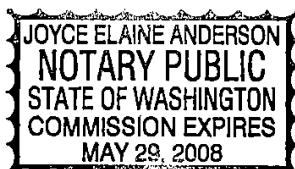
18 DATED: 12/2/05

James E. Anderson
(signature of witness)

19 DATED: 12-2-05

Joyce C. Ryan
(signature of witness)

20 SIGNED, SWORN TO (or affirmed) and ATTESTED to by
21 James E. Anderson and John C. Ryan
22 this 2nd day of December, 2005.

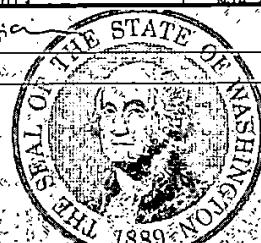


Joyce Elaine Anderson
Notary Public in and for the State of
Washington, residing at Anacortes.
My appointment expires: 5-29-2008

LAW OFFICE OF
JAMES E. ANDERSON, P.S.
1101 6TH STREET, SUITE A
P. O. BOX 727
ANACORTES, WASHINGTON 98221
TELEPHONE (360) 299-3177

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| Local File Number | | Washington State Certificate of Death | | | | State File Number | |
| 1. Legal Name (Include Middle, First, Middle, Last, Suffix) | | 2. Death Date | | | | | |
| Mary Judith Bierke | | Jul 26, 2011 | | | | | |
| 3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number | | 6. County of Death | | | | | |
| F 68 Months: Days Hours: Minutes | | Skagit | | | | | |
| 7. Place of Death 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) | | 9. Decedent's Education | | | | | |
| Portland Oregon | | Some college credit, no degree | | | | | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) | | 12. Was Decedent ever in U.S. Armed Forces? No | | | | | |
| No Caucasian | | | | | | | |
| 13a. Residence: Number and Street (e.g., 624 SE 5th St) (Include Apt. No.) 13b. City or Town | | 13c. State or Foreign Country | | 13f. Zip Code + 4 | | 13g. Inside City Limits? | |
| 5902 Sunset Avenue Skagit | | Washington | | 98221 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 14. Estimated length of time at residence 15. Marital Status at Time of Death | | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) | | | | | |
| 27 Years Married | | Harold Werner Bierke | | | | | |
| 17. Usual Occupation (Indicate type of work done during most of working life) (DO NOT USE RETIRED) | | 18. Kind of Business/Industry (Do not use Company Name) | | | | | |
| Administrative Clerk | | Healthcare Industry | | | | | |
| 19. Father's Name (First, Middle, Last, Suffix) | | 20. Mother's Name Before First Marriage (First, Middle, Last) | | | | | |
| William Joseph Baker | | Vesta (nmi) | | | | | |
| 21. Informant's Name 22. Relationship to Decedent | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip | | | | | |
| Harold Werner Bierke Husband | | 5902 Sunset Avenue Anacortes WA 98221 | | | | | |
| 24. Place of Death, if Death Occurred in a Hospital: Inpatient | | Place of Death, if Death Occurred Somewhere Other than a Hospital | | | | | |
| 25. Facility Name (if not a facility, give number & street or location) Island Hospital | | 26a. City, Town, or Location of Death Anacortes | | 26b. State WA | | 27. Zip Code 98221 | |
| 28. Method of Disposition Cremation | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory | | 30. Location-City/Town, and State Anacortes, Washington | | 32. Date of Disposition Jul 28, 2011 | |
| 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221 | | | | | | | |
| 33. Funeral Director Signature X | | | | | | | |
| Cause of Death (See Instructions and Examples) | | | | | | | |
| 34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Upper Gastrointestinal Hemorrhage</u> Hours Interval between Onset & Death | | | | | | | |
| b. <u>Aortoesophageal Fistula of Unknown Etiology</u> Weeks Interval between Onset & Death | | | | | | | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. Due to (or as a consequence of) Interval between Onset & Death | | | | | | | |
| d. Interval between Onset & Death | | | | | | | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | | 36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 38. Manner of Death | | 39. If female | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | Not pregnant within past year <input checked="" type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | | | | |
| 41. Date of Injury (mm/yyyy) | | 42. Hour of Injury (24hrs) | | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | | 44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 45. Location of Injury: Number & Street | | | | | | 46. Apt No. <input type="checkbox"/> Zip Code + 4: | |
| City or Town | | County | | State | | | |
| 46. Describe how injury occurred | | | | 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | | |
| 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X | | 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X | | 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Carl W. Wagner, M.D. 1000 West Galer Street Seattle, WA 98119 | | 50. Hour of Death (24hrs) 1128 | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | | | | 52. Date Signed (mm/yyyy) Jul 27, 2011 | |
| 53. Title of Certifier | | 54. License Number | | 55. ME/Coroner File Number | | 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Dr. Carl W. Wagner | | NPA # 000046012 | | NPA # 308 | | | |
| 57. Registrar Signature X | | Deaths Regis | | 58. Date Received (mm/yyyy) JUL 28 2011 | | | |
| 59. Amendments | | | | | | | |



DOH CHS 003 Rev 07/09/07

DOH 01-003 (6/10)



202512150185

12/15/2025 03:51 PM Page 8 of 8

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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 |
| Use the section below for requesting any changes on the record. | | | | |
| Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution | | | | |
| 1. Name on record: | | 2. Date of Event: | 3. Place of Event: (city or County) | |
| 4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) | | 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) | | |
| The Record is Incorrect or Incomplete as follows: | | | | |
| The Record now shows: | | The True fact is: | | |
| 6. | | 7. | | |
| 8. | | 9. | | |
| 10. | | 11. | | |
| 12. | | 13. | | |
| 14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Telephone Number: <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify) | | | | |
| I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. | | | | |
| 15. Signature: | 16. Date: | 17. Address: | | |
| All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. All changes must be established by documentary proof submitted with the affidavit | | | | |
| <p>Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</p> | | | | |
| Birth Certificates: 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe. 3. Proof must be five (or more) years old or have been established within five years of birth. 4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. 5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). 6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021) | | | | |
| 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. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes. | | | | |
| Marriage/Dissolution (Divorce) Certificates: 1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit. | | | | |

DOH/CHS 023a 6/1/10

CERTIFIED*
AUG 01 2011

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

UU00450780