

Return Address:

1301 B RIVERSIDE DR
MOUNT VERNON, WA
98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY BELEN MARTINEZ
DATE 12/16/2025

GNW 25-24982

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee PATRICIA MORRIS, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Daughter
Relationship to decedent
of Maude J Morris who died on 9/26/2012
Decedent/Grantor Date
at SEDRo WALLEY SKAGIT WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: Lot 11, Hendricks addition to
Sedro Walley, according to the plat thereof,
Recorded in Volume 11 of Plats, Page 44, Records
of Skagit County, Washington
1015 Sterling St. Sedro Walley, WA 98284

Assessor's Property Tax Parcel/Account Numbers: (List All)

P79553

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

That the undersigned has listed below all of the heirs at law and next of kin (notwithstanding that title deriving from the Decedent's death may not vest in any of them) of Decedent, including but not limited to:

- ▶ *spouse or registered domestic partner; and*
- ▶ *children, adopted children, the issue of any predeceased child or adopted child (if Decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of Decedent); and*
- ▶ *all parties named in any will, whether or not probated in Washington or any other state or foreign country; and*
- ▶ *all parties who would have been heirs at law if the Decedent on the date of death had not been married or a registered domestic partner, or had not owned a life estate, or had not previously executed a transfer on death deed, or had not executed a transfer on death deed; see RCW11.04.015:*

PATRICIA MARIE MORRIS 73 daughter
Full name, age and relationship

1125 COLBY AVE EVERETT WA 98201
Address City State Zip

Roger William Morris, deceased - spouse
Full name, age and relationship

1015 Sterling St, Sedro-Wooley, WA 98284
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ UNKNOWN of which approximately \$ UNKNOWN was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 12/3/2025 Patricia Morris

Patricia Morris
Affiant's full name Telephone number
1125 Colby Ave, Everett, WA 98201
Street City State Zip Code

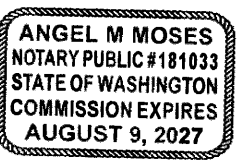
State of Washington County of Snohomish

I know or have satisfactory evidence that Patricia Morris
(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, 2025 Angel M. Moses
Signature of Notary Public

(SEAL OR STAMP) Residing at Snohomish



Notary Public in and for the State of WA

My appointment expires: Aug 9, 2025

(Based on REV 84 0017 (1.3.17))



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-012298

DATE ISSUED: 09/28/2012

FEE NUMBER: 000000029

GIVEN NAMES: MALUDE
LAST NAME: MORRIS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 26, 2012
HOUR OF DEATH: 04:15 A.M.
SEX: FEMALE
AGE: 86 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

SOCIAL SECURITY NUMBER: [REDACTED]
HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

RESIDENCE STREET: 1015 STERLING STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: PHILADELPHIA, PHILADELPHIA CNTY, PENNSYLVANIA

FATHER: WILLIAM ROBERTS JAMESON
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: ROGER WILLIAM MORRIS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: OCTOBER 02, 2012

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GEO COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: LENLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HITTER

INFORMANT: ROGER MORRIS
RELATIONSHIP: HUSBAND
ADDRESS: 1015 STERLING STREET, SEDRO-WOOLLEY, WA 98284

- CAUSE OF DEATH:
- A. ACUTE RENAL FAILURE
INTERVAL: 1 MONTH
 - B. DIABETES MELLITUS TYPE 2
INTERVAL: UNKNOWN
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DIABETIC FOOT INFECTION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: SEPTEMBER 27, 2012

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 28, 2012

NUMBER(S): NONE
DATE(S): NONE





Affidavit for Correction

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
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:				
6. The Record now shows:			7. The True fact is:	
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"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
All vital records are registered as received. All changes must be established by documentary proof submitted with the affidavit				
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.				
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 2/14/11

CERTIFIED

SEP 28 2012

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

VV00363930