

## Return Address:

1301 B RIVERSID DR  
MT. VERNON, WA 98273REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 12/31/2025

GNW 25-25122

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mark D. Edick, 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 Husband  
Relationship to decedentof Rosella R Edick who died on 12/29/2023  
Decedent/Grantor Dateat Burlington Skagit WA  
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

See attached Exhibit ALots 8-10, Block 8, Woolley, The Hub Of SkagitCounty

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

P77498

(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. \_\_\_\_\_

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

MARK DAVID Edick 73 HUSBAND  
Full name, age and relationship

875 DANE LN. Bellingham WASH 98233  
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

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 \$ 1,500,000.00 of which approximately \$ \_\_\_\_\_ 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: 12/30/2025

MARK DAVID Edick [Signature]  
Affiant's full name Telephone number  
875 DAVE LN. BUMINGTON WA 98233  
Street City State Zip Code

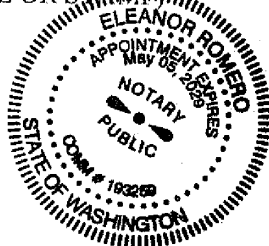
State of WA County of Skagit

I know or have satisfactory evidence that Mark D. Edick  
(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: Dec 30, 2025 Eleanor Romero  
Signature of Notary Public

(SEAL OR STAMP)



Residing at Skagit County

Notary Public in and for the State of WA

My appointment expires: 5/5, 2029.

(Based on REV 84 0017 (1/3/17))

**Exhibit "A"**  
**Property Description**

Lots 8, 9 and 10, Block 8, of the plat of Woolley, The Hub Of Skagit County, Washington per plat recorded in Volume 2 of Plats at page 92, records of Skagit County.

TOGETHER WITH that portion of the northwest quarter of the southeast quarter of the southwest quarter of Section 24, Township 35 North, Range 4 East, W.M., described as follows:

Commencing at the most northerly corner of that certain tract conveyed to Hansen & Peterson, Inc. by Quit Claim Deed dated February 11, 1971 and recorded under AF#749220, records of Skagit County, Washington; thence N 89°43'29"E along the south line of Block 8 of the plat of Woolley, The Hub Of Skagit County, Washington per plat recorded in Volume 2 of Plats at page 92, records of Skagit County, Washington, a distance of 42.24 feet to the point of beginning of this description; thence continuing N 89°43'29"E along the south line of said Block 8, a distance of 69.11; thence S 00°04'56"W, a distance of 2.31 feet; thence N 89°40'48"W, a distance of 69.12 feet; thence N 00°19'12"E, a distance of 1.59 feet to the point of beginning.

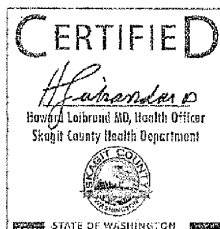
STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2023-064214	DATE ISSUED: 01/03/2024 FEE NUMBER:
FIRST AND MIDDLE NAME(S): ROSELLA RAE LAST NAME(S): EDICK	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: DECEMBER 29, 2023 HOUR OF DEATH: 10:50 AM SEX: FEMALE AGE: 77 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 875 DANE LANE CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 875 DANE LANE CITY, STATE, ZIP: BURLINGTON, WA 98233 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 35 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: SEDRO-WOOLLEY, WA	FATHER: CLARANCE BRINSON MOTHER: [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: MARK EDICK	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
OCCUPATION: HAIR STYLIST INDUSTRY: BEAUTICIAN EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: NO	CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: JANUARY 09, 2024
INFORMANT: MARK EDICK RELATIONSHIP: HUSBAND ADDRESS: 875 DANE LANE, BURLINGTON, WA 98233	FUNERAL FACILITY: LEMLEY CHAPEL
CAUSE OF DEATH: A: AMYOTROPHIC LATERAL SCLEROSIS INTERVAL: YEARS B: INTERVAL: C: INTERVAL: D: INTERVAL:	ADDRESS: 1008 THIRD ST CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284 FUNERAL DIRECTOR: TOBI G. STIDMAN
OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPOXIC HYPERCAPNIC RESPIRATORY FAILURE, LEFT SIDE PLURAL EFFUSION	MANNER 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: NO RESPONSE
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CERTIFIER NAME: ERIKA POPE, DO TITLE: DO CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 DATE SIGNED: DECEMBER 29, 2023
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER DATE RECEIVED: JANUARY 03, 2024

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH422-132SKAGIT (2/22)

Washington State Department of Health		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47914 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:		2. Date of Event:		3. Place of Event:	
Middle		MM/DD/YYYY		(City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			
Middle		First Middle Last/Maiden			
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:			14b. Signature of 2nd parent (if required):		
Printed name:			Printed name:		
Date:			Date:		
INSTRUCTIONS -- go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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"><li>• Birth/Marriage/Divorce record</li><li>• Military record (DD-214)</li><li>• School transcripts</li><li>• Social Security Numident Report</li><li>• Certificate of Naturalization</li><li>• Hospital/medical record</li><li>• Copy of Passport / Enhanced ID</li><li>• Green/Permanent Resident card (I-551)</li></ul>					
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					
<ul style="list-style-type: none"><li>• If legal guardian(s), include certified court order proving guardianship.</li><li>• 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.</li><li>• No proof is required to change the first or middle name.</li><li>• To correct parent's information, one proof documentation is required.</li><li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li></ul>					
Adult (18 years or older)					
<ul style="list-style-type: none"><li>• Only the adult can change his or her birth certificate.</li><li>• If the first or middle name is missing, three pieces of proof documentation are required.</li><li>• 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.</li><li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li></ul>					
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.					
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.					

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



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