

Return Address:

1301 B RIVERSID DR
MT. VERNON, WA 98273

REVIEWED 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 decedent

of Rosella R. Edick

Decedent/Grantor

who died on 12/29/2023

Date

at Burlington

City

Skagit

County

WA

State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

See attached Exhibit A

Lots 8-10, Block 8, Woolley, The Hub Of Skagit

County

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. Burlington WA 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
Affiant's full name


Telephone number

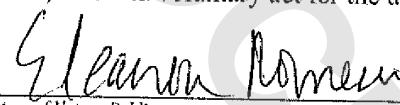
875 DANE LN. BURLINGTON WA
Street City State Zip Code

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


Signature of Notary Public

(SEAL OR STAMP)



Residing at Skagit County

Notary Public in and for the State of WA

My appointment expires: 5/5/2024.

(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.

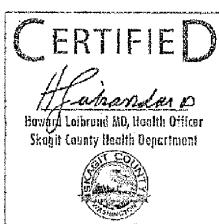
**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-064214 **DATE ISSUED:** 01/03/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROSELLA RAE **PLACE OF DEATH:** DECEASED'S HOME
LAST NAME(S): EDICK **FACILITY OR ADDRESS:** 875 DANE LANE
COUNTY OF DEATH: SKAGIT CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
DATE OF DEATH: DECEMBER 29, 2023
HOUR OF DEATH: 10:50 AM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: **RESIDENCE STREET:** 875 DANE LANE
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO **CITY, STATE, ZIP:** BURLINGTON, WA 98233
RACE: WHITE **INSIDE CITY LIMITS:** YES **COUNTY:** SKAGIT
BIRTH DATE: **TRIBAL RESERVATION:** NOT APPLICABLE
BIRTHPLACE: SEDRO-WOOLLEY, WA **LENGTH OF TIME AT RESIDENCE:** 35 YEARS
MARITAL STATUS: MARRIED **FATHER:** CLARANCE BRINSON
SURVIVING SPOUSE: MARK EDICK **MOTHER:**
OCCUPATION: HAIR STYLIST **METHOD OF DISPOSITION:** CREMATION
INDUSTRY: BEAUTICIAN **PLACE OF DISPOSITION:** MOUNT VERNON CREMATORY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE **CITY, STATE:** MOUNT VERNON, WASHINGTON
US ARMED FORCES: NO **DISPOSITION DATE:** JANUARY 09, 2024
INFORMANT: MARK EDICK **FUNERAL FACILITY:** LEMLEY CHAPEL
RELATIONSHIP: HUSBAND **ADDRESS:** 1008 THIRD ST
ADDRESS: 875 DANE LANE, BURLINGTON, WA 98233 **CITY, STATE, ZIP:** SEDRO WOOLLEY, WASHINGTON 98284
CAUSE OF DEATH: **FUNERAL DIRECTOR:** TOBI G. STIDMAN
A: AMYOTROPHIC LATERAL SCLEROSIS **MANNER OF DEATH:** NATURAL
INTERVAL: YEARS **AUTOPSY:** NO
B: **WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE**
INTERVAL: **CAUSE OF DEATH:** NOT APPLICABLE
C: **DID TOBACCO USE CONTRIBUTE TO DEATH:** NO
INTERVAL: **PREGNANCY STATUS IF FEMALE:** NO RESPONSE
D: **CERTIFIER NAME:** ERIKA POPE, DO
INTERVAL: **TITLE:** DO
OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPOXIC HYPERCAPNIC RESPIRATORY FAILURE, LEFT SIDE PLURAL EFFUSION **CERTIFIER ADDRESS:** 227 FREEWAY DRIVE, SUITE A
DATE OF INJURY: **CITY, STATE, ZIP:** MOUNT VERNON, WASHINGTON 98273
HOUR OF INJURY: **DATE SIGNED:** DECEMBER 29, 2023
INJURY AT WORK: **CASE REFERRED TO ME/CORONER:** NO
PLACE OF INJURY: **FILE NUMBER:** NOT APPLICABLE
LOCATION OF INJURY: **ATTENDING PHYSICIAN:** NOT APPLICABLE
CITY, STATE, ZIP: **LOCAL DEPUTY REGISTRAR:** CHRISTIAN G. STECHER
COUNTY: **DATE RECEIVED:** JANUARY 03, 2024
DESCRIBE HOW INJURY OCCURRED:
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE
NOT VALID IF PHOTOCOPIED OR ALTERED
DOH422-132SKAGIT (2/22)

 DOH 422-034 August 2019		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	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:		
	First Middle Last			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)					
	First Middle Last			First Middle Last					
	6. Name of Person Requesting Correction:			Relationship to			<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		
	7. Return Mailing Address: PO 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 forgoing is true and correct.									
14a. Signature:					14b. Signature of 2nd parent (if required):				
Printed name:			Date:		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) <i>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</i>									
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. <i>*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.</i>									
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.									



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



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