



202601070007

01/07/2026 10:00 AM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026 0042  
JAN 07 2026

Amount Paid \$ 0  
Skagit Co. Treasurer  
By LT Deputy

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Arcella M. Watts, 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 spouse  
Relationship to decedent  
of Ronald E. Watts, who died on 8-17-08  
Decedent/Grantor Date  
at Coupeville Island WA.  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot C of Skagit County short platt number  
91-11 Recorded under auditors file number  
9105060006 Being portion of Lot 1 of  
Skagit County short plat number 20-82  
recorded under auditors file number  
8206210006 Located in the northwest  
quarter of T

Assessor's Property Tax Parcel/Account Number: P101313  
(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 \_\_\_\_\_)

Arcella Marie Watts - spouse  
106 8603 Lusk Rd Concrete Wa  
Full name, age, relationship, address 98237

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

Full name, age, relationship, address

Dated : 1-7-26Arcella Marie Watts

Affiant's full name

360-941-4875

Telephone number

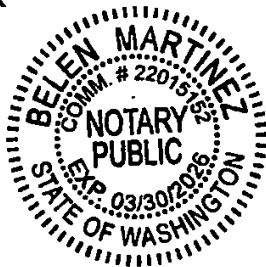
8603 Lusk Rd.

<u>Concrete</u>	<u>WA.</u>	<u>98237</u>
City	State	Zip Code

<u>Arcella M. Watts</u>	<u>1-7-26</u>
Signature	Date

State of Washington County of SkagitI know or have satisfactory evidence that Arcella Marie Watts  
(name of person)

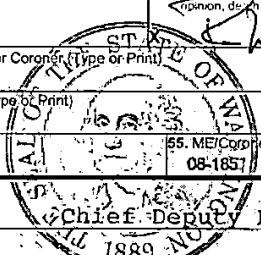
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 01/07/26Belen Marti  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: Skagit CountyNotary Public in and for the State of WAMy appointment expires: 03 / 2026

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

202601070007

Local File Number <b>291</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>RONALD EUGENE WATTS</b>						2. Death Date <b>8-17-2008</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>48</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Island		
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Burlington</b>		8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>11th Grade</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>8603 Lusk Road</b>						13b. City or Town <b>Concrete</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable) <b>-</b>		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98237</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>6 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>ArCella Krieger</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Mechanic</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Auto Repair Industry</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Kyle Eugene Watts</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Mary Lee [REDACTED]</b>			
21. Informant's Name <b>ArCella Watts</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>8603 Lusk Road Concrete, WA 98237</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Campground</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Campground</b>			
25. Facility Name (If not a facility, give number & street or location) <b>397 Safari Street</b>				26a. City, Town, or Location of Death <b>Coupeville</b>		26b. State <b>WA</b>	27. Zip Code <b>98239</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>			30. Location-City/Town, and State <b>Mount Vernon, Washington</b>		
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel, Inc. 1008 Third St., Sedro-Woolley, WA 98284</b>				32. Date of Disposition <b>August 25, 2008</b>			
33. Funeral Director Signature X <i>[Signature]</i>							
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) → <b>a. Acute Intoxication of Morphine, Citalopram and alcohol</b> Interval between Onset & Death <b>Hours</b>							
Sequitally 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							
b. Due to (or as a consequence of): Interval between Onset & Death							
c. Due to (or as a consequence of): Interval between Onset & Death							
d. Due to (or as a consequence of): 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 <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy) <b>08-16-2008</b>		42. Hour of Injury (24hrs) <b>evening hours</b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Camp site</b>		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury Number & Street City or Town State Zip Code + 4 <b>397 Safari Street Coupeville WA 98239</b>		46. Describe how injury occurred <b>Ronald unintentionally consumed a lethal level of alcohol and prescription drugs</b>					
47a. 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				47b. 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			
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Robert Bishop PO Box 5000 Coupeville, WA 98239</b>				49. Hour of Death (24hrs) <b>+0300</b>			
50. Name and Title of Attending Physician if other than Certifier (Type or Print)				51. Date Signed (mm/dd/yyyy) <b>8-20-2008</b>			
52. Title of Certifier <b>Coroner</b>		53. License Number		54. ME/Coroner File Number <b>08-1857</b>		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
56. Registrar Signature <i>Barbara Cope</i>				57. Date Received (mm/dd/yyyy) <b>AUG 20 2008</b>			
58. Amendments				59. Chief Deputy Registrar			





202601070007

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Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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
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**Use the section below for requesting any changes on the record.**Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**All changes must be established by documentary proof submitted with the affidavit**

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	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	

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:**

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

**\*CERTIFIED\***

SEP 26 2008

*R.S. Case*  
R.S. Case, M.D., Health Officer  
Island County Health Dept.

QQ00056683