



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

2026000412
JAN 07 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By *GT* 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 plat 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
66 8603 Lusk Rd Concrete Wa
Full name, age, relationship, address 98237

Full name, age, relationship, address

Dated: 1-7-26

Arcella Marie Watts
Affiant's full name

360-941-4875
Telephone number

8603 Lusk Rd.
Address

Concrete Street WA. Zip Code
City State 98237

Arcella M. Watts Date 1-7-26
Signature Date

State of Washington County of Skagit

I 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: 01/07/26

(SEAL OR
STAMP)



Belen Martinez
Signature of Notary Public

Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 03/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

202601070007

Local File Number

291

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First MIDDLE LAST Suffix				2. Death Date
RONALD EUGENE WATTS				8-17-2008
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number
M	48			
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education	6. County of Death
	Burlington	Washington	11th Grade	Island
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.) 6603 Lusk Road				13b. City or Town Concrete
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98237
14. Estimated length of time at residence 6 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) ArCella Krieger	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mechanic		18. Kind of Business/Industry (Do not use Company Name) Auto Repair Industry		
19. Father's Name (First, Middle, Last, Suffix) Kyle Eugene Watts		20. Mother's Name Before First Marriage (First, Middle, Last) Mary Lee		
21. Informant's Name ArCella Watts		22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. 8603 Lusk Road	City or Town Concrete, WA Zip 98237
24. Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital. Campground		
25. Facility Name (If not a facility, give number & street or location) 397 Safari Street		26a. City, Town, or Location of Death Coupeville	26b. State WA	27. Zip Code 98239
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory	30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third St., Sedro-Woolley, WA 98284		32. Date of Disposition August 25, 2008		
33. Funeral Director Signature X <i>Barbara Cope</i>				
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>Acute Intoxication of Morphine, Citalopram and alcohol</u> Due to (or as a consequence of) Hours Interval between Onset & Death				
b. _____ Due to (or as a consequence of) Hours Interval between Onset & Death				
c. _____ Due to (or as a consequence of) Hours Interval between Onset & Death				
d. _____ Due to (or as a consequence of) Hours Interval between Onset & Death				
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		
41. Date of Injury (MM/DD/YY) 08-16-2008		42. Hour of Injury (24hrs) evening hours	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Camp site	40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
45. Location of Injury Number & Circuit Coupeville		397 Safari Street City or Town County State: WA Zip Code + 4: 98239		
46. Describe how injury occurred Ronald unintentionally consumed a lethal level of alcohol and prescription drugs				
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		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 <i>Barbara Cope CORONER</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert Bishop PO Box 5000 Coupeville, WA 98239		50. Hour of Death (24hrs) 14-0300		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YY) 8-20-2008		
53. Title of Certifier Coroner		54. License Number 08-1857	55. ME/Coroner File Number 08-1857	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Barbara Cope</i>		58. Date Received (MM/DD/YY) AUG 20 2008		
59. Amendments		889 NO		

DOH 01-03 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



202601070007
01/07/2026 10:00 AM Page 5 of 5
Affidavit for Correction
This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
 P.O. Box 9709
 Olympia, WA 98507-9709
 (360) 236-4300

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:		The True fact is:		
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"/> 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 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:		Medical Record Military Record (DD-214) Birth Record Passport		School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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 023 (Rev. 9/2002)

CERTIFIED

SEP 26 2008


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

QQ00056683