202602040039
02/04/2026 12:59 PM Pages: 1 of 4 Fees: $306.50
Skagit County Auditor, WA

After recording, return to:
Chicago Title
32650 SR 20
Suite E202
Oak Harbor, WA 98277

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/04/2026

Grantor (Name of Decedent): Lawrence A. Gibson
Grantee (Heirs): Karol L Gibson
Abbreviated Legal Description: Unit A, Fir Hill Condominium
Tax Parcel No.(s): P111941 / 4700-000-001-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, Karol L Gibson, executes this affidavit relating to the estate of Lawrence A Gibson (herein "Decedent"), who died on 2-17-23, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
   - ☒ the lawful surviving spouse of the Decedent
   - ☐ Registered domestic partner of the Decedent
   - ☐ Surviving child of the Decedent
   - ☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ *[mm/dd/yyyy]*, under Recording No. _____, in _____ County, Washington.
   - ☐ other (identify:) _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below. [Use the reverse side or attach a list if necessary]
   Name and relationship: Karol L Gibson spouse
   Name and relationship: _____
   Name and relationship: _____
   Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

   UNIT A OF "FIR HILL CONDOMINIUM," AS IDENTIFIED ON MAP AND FLOOR PLANS, RECORDED SEPTEMBER 16, 1997, IN VOLUME 16 OF PLATS, PAGES 187 AND 188, UNDER AUDITOR'S FILE NO. 9709160076, RECORDS OF SKAGIT COUNTY, WASHINGTON.

   TOGETHER WITH AN UNDIVIDED 31% INTEREST IN THE COMMON ELEMENTS AND LIMITED COMMON ELEMENTS AS ASSIGNED IN DECLARATION OF CONDOMINIUM RECORDED SEPTEMBER 16, 1997, UNDER AUDITOR'S FILE NO. 9709160077.

   SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

5. **Status of the Will (if any)**
   ☒ The decedent left a Will that devises real property.
   ☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Karol L Gibson
Signature

KAROL L GIBSON
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 1-30-2026 by KAROL L. GIBSON.

Lorrie J Thompson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 6-1-2028

LORRIE J THOMPSON
NOTARY PUBLIC #65760
STATE OF WASHINGTON
COMMISSION EXPIRES
JUNE 1, 2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2023-008605**

DATE ISSUED: **02/22/2023**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **LAWRENCE ARTHUR**
LAST NAME(S): **GIBSON**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **FEBRUARY 18, 2023**
HOUR OF DEATH: **10:40 AM**
SEX: **MALE** AGE: **76 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**

BIRTH DATE [redacted]
BIRTHPLACE: **KLAMATH FALLS, OR**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **KAROL JESS**

OCCUPATION: **WRESTLING COACH**
INDUSTRY: **EDUCATION**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **KAROL GIBSON**
RELATIONSHIP: **WIFE**
ADDRESS: **620 NORTH 8TH STREET UNIT A MOUNT VERNON, WA 98273**

CAUSE OF DEATH:
A: **SENILE ONSET DEMENTIA, PROBABLY VASCULAR**
INTERVAL: **YEARS**
B: **HYPERTENSION**
INTERVAL: **YEARS**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **TYPE 2 DIABETES**

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY occurred:

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **820 NORTH 8TH STREET UNIT A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

RESIDENCE STREET: **820 NORTH 8TH STREET A**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **3 YEARS**

FATHER: **ARTHUR GIBSON**
MOTHER: **JOYCE** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **FEBRUARY 22, 2023**

FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**

ADDRESS: **PO BOX 398**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **THOMAS CUFLEY**

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**

CERTIFIER NAME: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **FEBRUARY 21, 2023**

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

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **FEBRUARY 22, 2023**

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

1. Name on Record: First / Middle / Last	2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First / Middle / Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First / Middle / Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- Green/Permanent Resident card (I-551)

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

- 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.

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.

*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.

CERTIFIED

Howard Leibrand MD, Health Officer
Skagit County Health Department

SKAGIT COUNTY WASHINGTON

STATE OF WASHINGTON

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