

Return Address:
Land Title and Escrow
3010 Commercial Avenue
Anacortes WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/17/2026

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kathryn L. Werring, Michael D. Scott, Heather M. Caputo, 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 Heirs, Children
Relationship to decedent
of Sharon Gay Scott, who died on 06/20/2022
Decedent/Grantor *Date*
at Seattle King Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
Lot 10, Survey AF #9612230056 (Ptn Blk 217, Anacortes)

The West 1/2 of Lot 3, all of Lots 4 and 5, Block 217, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington; (also known as Parcel 10, Survey recorded under Auditor's File No. 9612230056 and known as Cypress Ridge).

Situate in the County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: 3772-217-005-0000/P110134
(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)

Robert D. Scott, Spouse, Age: 69 , deceased DOD: 10/29/2024

2209 25th Street Anacortes WA 98221

Full name, age, relationship, address

Kathryn L. Werring, Child , Age: 45

6342 Blackfoot Place, Maple Falls WA 98226

Full name, age, relationship, address

Michael D. Scott, Child , Age: 54

730 SE 8th Ave C101, Oak Harbor WA 98277

Full name, age, relationship, address

Heather M. Caputo, Child, Age: 49

486 Indian Point Road, Eastsound WA 98245

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: 02/13/26

Heather M. Caputo
Affiant's full name

360-770-8782
Telephone number

486 Indian Point Rd

Eastsound WA 98245
City State Zip Code

Eastsound WA 98245
City State Zip Code

Heather M. Caputo 02/13/26
Signature Date

State of Washington County of San Juan

I know or have satisfactory evidence that Heather M Caputo
(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: 02/13/2026

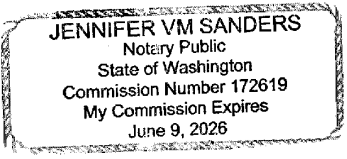
Jennifer VM Sanders
Signature of Notary Public

(SEAL OR STAMP)

Residing at: San Juan

Notary Public in and for the State of WA

My appointment expires: 06/09/2026



Dated: February 13 2026

Kathryn L. Werring, MICHAEL D. SCOTT,
Affiant's full name

(509) 209-2163
Telephone number

6342 ~~AA~~ Blackfoot Drive

Maple Falls ^{Street} WA 98266
City State Zip Code

K.L. Werring, Michael D. Scott 2/13/2026
Signature Date

State of WA County of Skagit

I know or have satisfactory evidence that Kathryn L. Werring & Michael D. Scott
(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: 02/13/2026

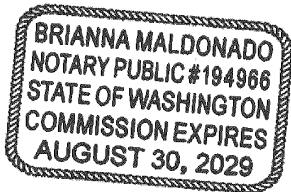
Beenne Maldonado
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Mount Vernon WA 98273

Notary Public in and for the State of WA

My appointment expires: 08/30/2029



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/27/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-032028

FIRST AND MIDDLE NAME(S): SHERRY GAY
LAST NAME(S): SCOTT

AKA: SHARON GAY SCOTT

COUNTY OF DEATH: KING

DATE OF DEATH: JUNE 20, 2022

HOUR OF DEATH: 02:15 AM

SEX: FEMALE

AGE: 71 YEARS

SOCIAL SECURITY NUMBER:

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

BIRTH DATE:

BIRTHPLACE: DUNCAN, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ROBERT DOUGLAS SCOTT

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: ROB SCOTT

RELATIONSHIP: HUSBAND

ADDRESS: 2209 - 25TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: SEVERE HYPOXIC BRAIN INJURY

INTERVAL: DAYS

B: PULSELESS ELECTRICAL ACTIVITY CARDIAC ARREST

INTERVAL: DAYS

C: POLYPHARMACY

INTERVAL: DAYS

D: PROLONGED QTC INTERVAL

INTERVAL: WEEKS

OTHER CONDITIONS CONTRIBUTING TO DEATH: MSSA PNEUMONIA, ACUTE
HYPOXIC RESPIRATORY FAILURE, HYPERTENSION, ILEUS, CIRRHOSIS,
HYPOTHYROIDISM, DIABETES MELLITUS 2.

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: HOSPITAL

FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - FIRST HILL

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

RESIDENCE STREET: 2209 - 25TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: LOUIS O'DELL REDDEN

MOTHER: KATHRYN MARIE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JUNE 24, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: LAUREN ANGOTTI, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 747 BROADWAY

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

DATE SIGNED: JUNE 20, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN

DATE RECEIVED: JUNE 24, 2022



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
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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City & 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: <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: PC, 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: Printed name: Date:	14b. Signature of 2 nd parent (if required): 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)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.
- *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

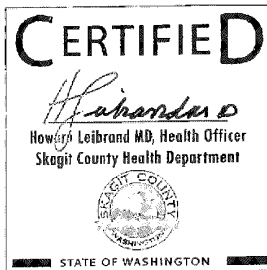
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.



0 6 2 5 4 1 3 2