

**Return Address:**  
Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221  
400960-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 03/06/2026

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Sharon L. Campbell, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Heir/Child \_\_\_\_\_ of \_\_\_\_\_  
Patricia A. Symonds \_\_\_\_\_  
*Relationship to decedent* \_\_\_\_\_ *Decedent/Grantor Name*

who died on 03/27/2018 at \_\_\_\_\_  
*Date*

Sedro-Woolley Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**  
Abbreviated Legal Description: Ptn. Block 69, Townsite of Gibraltar

Assessor's Property Tax Parcel/Account Number: 340217-0-011-0006/P20381  
(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 E. Symonds, surviving spouse, Age:84, Deceased: 07/29/2025

14638 Gibraltar Road, Anacortes WA 98221

Full name, age, relationship, address

Sharon L. Campbell, Child, Age: 65

1801 West Bay Dr. NW #401, Olympia WA 98502

Full name, age, relationship, address

Dated: 3-5-2026 individually and as the  
Sharon L. Campbell, Executor of The Estate of Robert  
Affiant's full name Elwood Symonds.

206-919-1423  
Telephone number

1801 West Bay Drive NW # 401  
Olympia Wa 98502  
City State Zip Code

Sharon Campbell 3-5-2026  
Signature Date

STATE OF WASHINGTON  
COUNTY OF ~~SKAGIT~~ Thurston

Signed and sworn to (or affirmed) before me on this 5<sup>th</sup> day of March, 2026 by Sharon L. Campbell.  
individually & as the Executor of  
The Estate of Robert Elwood  
Symonds.

Alan R. Browning  
Signature

Notary Public  
Title

My appointment expires: 8-27, 2028



**Legal Description**

Block 69 EXCEPT Lots 1, 9, 10, 27-32 inclusive, Plat of the Townsite of Gibraltar, according to the Plat thereof recorded in Volume 1 of Plats, pages 19 and 20, records of Skagit County, Washington.

TOGETHER WITH that portion of vacated streets and alleys adjoining, which upon vacation, attached to said property by operation of law.

EXCEPT that portion conveyed to the County of Skagit for road by deed recorded July 22, 1941 under Auditor's File No. 342050 in Volume 184 of Decds, page 373, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-014533

DATE ISSUED: 04/03/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): PATRICIA AMELIA  
LAST NAME(S): SYMONDS

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 27, 2018

HOUR OF DEATH: 11:00 PM

SEX: FEMALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: LIFE CARE CENTER OF SEDRO WOOLLEY  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1462 - SR 20

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 1 YEAR

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: CHICAGO, IL

FATHER/PARENT: CASIMIR ZEGAN

MOTHER/PARENT: ALICE

MARITAL STATUS: MARRIED

SPOUSE: ROBERT ELLWOOD SYMONDS

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FERNHILL CEMETERY

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: APRIL 08, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

INFORMANT: SHARON CAMPBELL

RELATIONSHIP: DAUGHTER

ADDRESS: 11328 - 103RD AVENUE SW, VASHON, WA 98070

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:

A: COMPLICATIONS FROM PATHOLOGICAL FRACTURES OF LEFT FEMUR AND HUMERUS

INTERVAL: 4 MONTHS

B: AGE RELATED OSTEOPOROSIS

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BIPOLAR DISORDER WITH  
PARANOIA, RECENT PNEUMONIA, RECENT URINARY TRACT INFECTION

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: MARCH 29, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NJA

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: APRIL 02, 2018



### 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

|                 |   |
|-----------------|---|
| <b>Required</b> | 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: _____   |
|                 | 4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)   |
|                 | 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: \_\_\_\_\_

|                         |                      |
|-------------------------|----------------------|
| 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 now shows: | The true fact is: |
|-----------------------|-------------------|
| 8. _____              | 9. _____          |
| 10. _____             | 11. _____         |
| 12. _____             | 13. _____         |
| 14. _____             | 15. _____         |

#### I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

|                                 |   |
|---------------------------------|---|
| 16a. Signature: _____           | 16b. Signature of 2 <sup>nd</sup> parent (if required): _____ |
| Printed name: _____ Date: _____ | Printed name: _____ Date: _____                               |

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

#### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### 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. Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

#### 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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

# \*CERTIFIED\*

APR 03 2018

*Howard Librand*  
 Skagit County Health Department  
 Howard Librand M.D., Health Officer



0 1 8 0 3 2 1 4

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