

**FILED FOR RECORD AT REQUEST OF:**

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20261207  
Date 04/22/2026

**WHEN RECORDED RETURN TO:**

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

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**LACK OF PROBATE AFFIDAVIT**

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**GRANTOR:** JENNY SHIEL  
**GRANTEE:** KEVIN SHIEL, LANCE SHIEL, and DEBORAH OLSON  
**PARCEL NUMBER:** P102243  
**LEGAL DESCRIPTION:** LOT 90, "PARTINGTON PLACE DIVISION 3"  
(Additional legal found on page 2)  
**REFERENCE NUMBERS:** 201906170134 (Previous Deed)

We, KEVIN SHIEL, LANCE SHIEL, and DEBORAH OLSON, (collectively "Affiants" herein), being first duly sworn on oath, depose and say:

THAT I am the beneficiary of JENNY SHIEL ("Decedent"), who died intestate on June 3, 2025 in Everett, Snohomish County, Washington, and was at the time of their death a resident of Mount Vernon, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

THAT three (3) children were born by the Decedent, namely, all of whom are adults. THAT the Decedent has no children who are now deceased leaving issue surviving nor had they adopted any children.

THAT the Decedent never executed a Last Will and Testament; however, their entire estate, including real property interests, passed to Affiants, pursuant to intestate succession laws, RCW 11.04.015(1)(a).

UNMOUNTED

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below.

Our names, ages, relationship to Decedent and our addresses are as follows:

KEVIN SHIEL, age 62, Beneficiary  
1821 151st Place NE  
Arlington, WA 98223

LANCE SHIEL, age 57, Beneficiary  
Address: 2403 Claudia Court  
Bellingham, WA 98229

DEBORAH OLSON, age 63, Beneficiary  
4911 133rd Place NE  
Marysville, WA 98271

THAT all obligations, expenses of last illness and funeral and burial services owing at the date of death of the Decedent have been paid in full or provided for, and all future and currently unknown expenses connected therewith shall be provided for by the Affiants.

THAT Washington State provided the Decedent with nursing facility services, home and community-based services, related hospital and prescription drug services, and/or other needs-based benefits, but there is no lien against the property and all estate recovery owed to Washington State has been paid in full.

THAT no inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

THAT probate of the Estate of the Decedent has not been instituted nor contemplated.

THAT all of the real property owned by the Decedent at the time of their death, or in which they had an interest was separate property, was situated in Mount Vernon, Skagit County, Washington, and is legally described as follows:

LOT 90, "PARTINGTON PLACE DIVISION 3", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 56 AND 57, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO MATTERS OF RECORD.



Dated this 14<sup>th</sup> day of April, 2026.


  
DEBORAH OLSON

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that DEBORAH OLSON is the person who appeared before me, and said person acknowledged that they signed this document and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the document.

Dated this 14<sup>th</sup> day of April, 2026.



  
SARA LC HULFORD  
Notary Public in and for the  
State of Washington  
Residing in Bellingham  
My commission expires: 10/03/2027

Dated this 2<sup>nd</sup> day of April, 2026.

*Lance A. Shiel*  
LANCE SHIEL

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

I certify that I know or have satisfactory evidence that LANCE SHIEL is the person who appeared before me, and said person acknowledged that they signed this document and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the document.

Dated this 2<sup>nd</sup> day of April, 2026.



*Sara LC Hulford*  
SARA LC HULFORD  
Notary Public in and for the  
State of Washington  
Residing in Bellingham  
My commission expires: 10/03/2027

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



**EXHIBIT A**

**CERTIFICATE OF DEATH**



CERTIFICATE NUMBER: 2025-028572

LOCAL FILE NUMBER: 2738

DATE ISSUED: 06/09/2025  
FEE NUMBER: 310625

FIRST AND MIDDLE NAME(S): JENNY  
LAST NAME(S): SHIEL

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: JUNE 03, 2025  
HOUR OF DEATH: 05:15 AM  
SEX: FEMALE AGE: 83 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CUSTODIAN  
INDUSTRY: JANITORIAL  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

INFORMANT: KEVIN SHIEL  
RELATIONSHIP: SON  
ADDRESS: 1821 151 PL NE, ARLINGTON, WA 98223

CAUSE OF DEATH:  
A: ACUTE RIGHT LEG ISCHEMIA  
INTERVAL: 7 DAYS  
B: THROMBUS IN RIGHT COMMON FEMORAL ARTERY  
INTERVAL: 1 WEEKS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE KIDNEY INJURY,  
URINARY TRACT INFECTION, ALZHEIMER DEMENTIA

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: PROVIDENCE REGIONAL MED CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201-4147

RESIDENCE STREET: 2714 E BROADWAY  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8999  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: CLARENCE HUIZENGA  
MOTHER: CORA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: JUNE 09, 2025

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: SHANNON EXASTRIS

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: NOT APPLICABLE

CERTIFIER NAME: UUGANBAYAR JARGAL, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1700 13TH ST.  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201  
DATE SIGNED: JUNE 04, 2025

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

LOCAL DEPUTY REGISTRAR: STEPHANIE ANDERSON  
DATE RECEIVED: JUNE 09, 2025



# 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**

Required information must match current information on record

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: First Middle Initial 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 Initial Last  
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Initial 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 foregoing is true and correct.**

14a. Signature: Printed name: Date:

14b. Signature of 2<sup>nd</sup> parent (if required): Printed name: Date:

**INSTRUCTIONS** – go to [www.doh.wa.gov](http://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**

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.

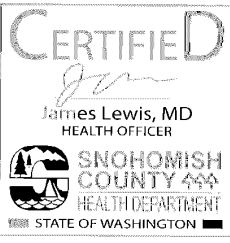
\*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

**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.



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