



202604280218

04/28/2026 03:18 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

M. L. Beals

45597 Main St

Concrete WA 98237

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20260270
APR 28 2026

Amount Paid \$0
Skagit Co. Treasurer
By: KO Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee M.L.Beals AKA Maurine L Beals, 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 widow

Relationship to decedent

of Walter R. Beals, who died on 7/10/2025

Decedent/Grantor

Date

at Concrete

Skagit

Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOTS 11, 12, 13 AND 14, BLOCK 2, CENTRAL TO BAKER, AS PER PLAT
RECORDED IN VOLUME 3 OF PLATS, PAGE 70, RECORDS OF SKAGIT
COUNTY, WASHINGTON.

(5.0000 ac) TRACT D, SHORT PLAT NO 126-78, APPROVED JUNE 14, 1978,
RECORDED JUNE 14, 1978, IN VOLUME 2 OF SHORT PLATS, PAGE 226, UNDER
AF#881428 AND BEING A PORTION OF GOVERNMENT LOT 4, SECTION 28,
TOWNSHIP 35 NORTH, RANGE 9 EAST, W.M. TOGETHER WITH AN UNDIVIDED 1/8TH
INTEREST IN TR A.

Assessor's Property Tax Parcel/Account Number: 70558 and 44830
(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 4)

Mari Louise Beals, spouse, 10597 Evergreen Hill Lane, Concrete WA 98237

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

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : April 28, 2026

Affiant's full name

Mari Louise Beals

Telephone number

360 - 333 - 575710597 Evergreen Hill Ln

City

Concrete

Street

WA

State

Zip Code

98237

Signature

Date

4-28-2026

State of

Washington

County of

Skagit

I know or have satisfactory evidence that

Mari Beals

(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: 4 / 28 / 2026

Signature of Notary Public

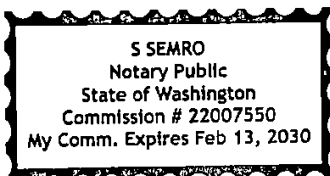
(SEAL OR
STAMP)Residing at: 45770 main St., Concrete WA 98237Notary Public in and for the State of WashingtonMy appointment expires: February 13, 2030

EXHIBIT A

Description Parcel 44830:

TRACT D OF SKAGIT COUNTY SHORT PLAT NO. 126-78 AS APPROVED JUNE 14 1978, AND RECORDED JUNE 14 1978, IN VOLUME 2 OF SHORT PLATS, PAGE 226, UNDER AUDITORS FILE NO. 881428, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF GOVERNMENT LOT 4 IN SECTION 28, TOWNSHIP 35 NORTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN;

TOGETHER WITH AN UNDIVIDED ONE-EIGHTH INTEREST IN THE STRIP SET FORTH ON SAID SHORT PLAT AS A PRIVATE ROAD AND LABELED TRACT A, SAUK CITY ROAD;

SUBJECT TO: Restrictions, reservations, and easements of record.

DESCRIPTION Parcel 70558:

Lots 11, 12, 13 and 14, Block 2, "CENTRAL BAKER", as per plat recorded in Volume 3 of Plats, page 70, records of Skagit County, Washington.

TOGETHER WITH that portion of Main Street as vacated by Town of Concrete Ordinance No. 398, recorded March 28, 1996, under Skagit County Auditor's File No. 9603280050, described as follows:

The North 15 feet of Main Street abutting Lots 11 through 14, Block 2, of said Plat of "CENTRAL BAKER".

Situate in the Town of Concrete, County of Skagit, State of Washington

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-034676

DATE ISSUED: 07/14/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): WALTER RUSSELL
LAST NAME(S): BEALSCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 10, 2025 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MARLBOROUGH, MAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARI LOUISE STEVENSOCCUPATION: OWNER/OPERATOR
INDUSTRY: RESTAURANT/FOOD SERVICE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YESINFORMANT: MARI BEALS
RELATIONSHIP: WIFE
ADDRESS: 45597 MAIN STREET, CONCRETE, WA 98237CAUSE OF DEATH:
A: PENETRATING INTRAORAL GUNSHOT WOUND
INTERVAL: SECONDSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: JULY 10, 2025 FOUND
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 10597 EVERGREEN HILL LANE

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: SHOT SELF WITH REVOLVER

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 10597 EVERGREEN HILL LANE
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237RESIDENCE STREET: 10597 EVERGREEN HILL LANE
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 37 YEARSFATHER: FRED BEALS
MOTHER: ALTHEA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 16, 2025

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER OF DEATH: SUICIDE
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 APPLICABLECERTIFIER NAME: CAITLYN J. BORTHWICK, INVESTIGATOR
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JULY 11, 2025CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 250711-124
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JULY 14, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

04/28/2026 03:18 PM
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First	Middle	Last/Maiden	First	Middle
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				
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:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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 Acknowledgment 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

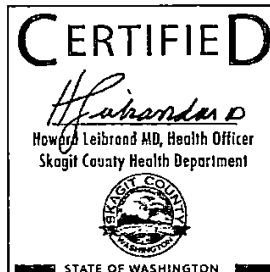
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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