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
20261270
APR 28 2026
Amount Paid $Ø
Skagit Co. Treasurer
By KO Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee M.L.Beals AKA Maurie/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)

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

Mari Louise Beals

Affiant's full name

360-333-5757

Telephone number

10597 Evergreen Hill Ln

Concrete Wa *Street* 98237

City *State* *Zip Code*

Signature 4-28-2026 *Date*

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)

S SEMRO
Notary Public
State of Washington
Commission # 22007550
My Comm. Expires Feb 13, 2030

Residing at: 45770 Main St. Concrete WA 98237

Notary Public in and for the State of Washington

My appointment expires: February 13, 2030

REV 84 0017 (1/3/17)

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

202604280218

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): **BEALS**

COUNTY 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: **WHITE**

BIRTH DATE: [redacted]
BIRTHPLACE: **MARLBOROUGH, MA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **MARI LOUISE STEVENS**

OCCUPATION: **OWNER/OPERATOR**
INDUSTRY: **RESTAURANT/FOOD SERVICE**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **MARI BEALS**
RELATIONSHIP: **WIFE**
ADDRESS: **45597 MAIN STREET, CONCRETE, WA 98237**

CAUSE OF DEATH:
A: **PENETRATING INTRAORAL GUNSHOT WOUND**
INTERVAL: **SECONDS**
B:
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 98237**

RESIDENCE 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 YEARS**

FATHER: **FRED BEALS**
MOTHER: **ALTHEA** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**

CITY, 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. HUTTER**

MANNER 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 APPLICABLE**

CERTIFIER NAME: **CAITLYN J. BORTHWICK, INVESTIGATOR**
TITLE: **CORONER/ME**
CERTIFIER ADDRESS: **1700 CONTINENTAL PLACE**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **JULY 11, 2025**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **250711-124**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CHRISTIAN STECHER**
DATE RECEIVED: **JULY 14, 2025**

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

202604280218

04/28/2026 03:18 PM Page 6 of 6

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
- 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.

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

STATE OF WASHINGTON

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