



202605150024

05/15/2026 09:42 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

After recording, return to:
Albert William Veselka

395 County Rd 3214
Jacksonville TX 75766

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026-1434
MAY 15 2026

Amount Paid \$0,853.50
Skagit Co. Treasurer
By AS Deputy

Grantor (Name of Decedent): Margaret Jeanice Veselka

Grantee (Heirs): Albert William Veselka

Abbreviated Legal Description: Lot 735 and 736, Shelter Bay Div. 4

Tax Parcel No.(s): P6953 / 5100-004-736-0000, P129427 / 5100-004-735-0000 and S3302020218

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

Chicago Title
620061121

COUNTY OF Skagit

The undersigned, Albert W. Veselka executes this affidavit relating to the estate of Margaret J. Veselka (herein "Decedent"), who died on July 19, 2022 in the County of Skagit, State of Washington, then being a resident of the City of La Conner, County of Skagit, State of Washington

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

- 1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

- 2. The undersigned is (check one):
 the lawful surviving spouse of the Decedent
 Registered domestic partner of the Decedent
 Surviving child of the Decedent
 One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 other (identify): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Albert W. Veselka, Spouse

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Albert W. Veselka
Signature

Albert W. Veselka
Print Name

State of Washington
County of SKAGIT

This record was acknowledged before me on 5-13-2026 by Albert W. Veselka

Lorrie J Thompson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 6-1-2028

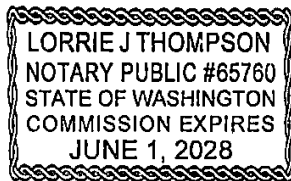


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P6953 / 5100-004-736-0000, P129427 / 5100-004-735-0000 and S3302020218

PARCEL A:

LOT 735, "SURVEY OF SHELTER BAY DIVISION 4, TRIBAL AND ALLOTTED LANDS OF SWINOMISH INDIAN RESERVATION," ACCORDING TO THE SURVEY RECORDED JULY 8, 1970, IN VOLUME 48 OF OFFICIAL RECORDS, PAGES 627 THROUGH 631, UNDER AUDITOR'S FILE NO. 740962, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATED IN SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL B:

LOT 736, "SURVEY OF SHELTER BAY DIVISION 4, TRIBAL AND ALLOTTED LANDS OF SWINOMISH INDIAN RESERVATION," ACCORDING TO THE SURVEY RECORDED JULY 8, 1970, IN VOLUME 48 OF OFFICIAL RECORDS, PAGES 627 THROUGH 631, UNDER AUDITOR'S FILE NO. 740962, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATED IN SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-037076

DATE ISSUED: 07/22/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JEANICE

LAST NAME(S): VESELKA

AKA: MARGARET JEANICE VESELKA

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 19, 2022

HOUR OF DEATH: 01:40 PM

SEX: FEMALE AGE: 80 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: FORT WORTH, TX

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ALBERT WILLIAM VESELKA

OCCUPATION: EXECUTIVE SECRETARY

INDUSTRY: CIVIL ENGINEERING FIRM

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: BILL VESELKA

RELATIONSHIP: HUSBAND

ADDRESS: 736 TILLAMUK DRIVE, LA CONNER, WA 98257

CAUSE OF DEATH:

A: ALZHEIMER'S DEMENTIA

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: WEIGHT LOSS

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 736 TILLAMUK DRIVE

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 736 TILLAMUK DRIVE

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH

LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: JOHN ALEXANDER HUGHES JR

MOTHER:

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: PLEASANT RIDGE CEMETERY

CITY, STATE: LA CONNER, WASHINGTON

DISPOSITION DATE: JULY 28, 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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JULY 20, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JULY 21, 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	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:		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 Last/Maiden
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:		14b. Signature of 2 nd 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

- 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 **Adult (18 years or older)**

- If legal guardian(s), include certified court order proving guardianship.
- Only the adult can change his or her birth certificate.
- 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.
- If the first or middle name is missing, three pieces of proof documentation are required.
- No proof is required to change the first or middle name.*
- 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 information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is 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

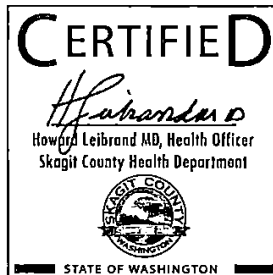
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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