202605290111
05/29/2026 11 30 AM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor

Return Address:
Louise G. Lewis
825 Orth Way
Sedro-Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2026.1629
MAY 29 2026
Amount Paid $-0-
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Louise G. Lewis (*Name of Affiant*), being first duly sworn 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 Spouse (*Relationship to decedent*) of Steven Elwood Lewis (*Decedent/Grantor*), who died on 4-19-2015 (*Date*) at Mount Vernon (*City*) Skagit (*County*) Washington (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: (0.3600 ac)

Lot 26, Madlung-Kirkpatrick Plat, as per Plat recorded in Volume 12 of Plats, Page 75, records of Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: 81628
(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)

Full name, age, relationship, address

Louise Gertrude Lewis, 79, spouse, 825 Orth Way Sedro-Woolley, WA 98284

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: 5-29-2026 ~~5-29-2026~~

Louise Gertrude Lewis
Affiant's full name

360-223-2122
Telephone number

825 Orth Way
Street

Sedro-Woolley *City* | WA *State* | 98284 *Zip Code*

Louise Gertrude Lewis
Signature

~~5-29-2026~~ 5-29-2026
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Louise Gertrude Lewis
(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: 05/29/26

Belen Martinez
Signature of Notary Public

(SEAL OR STAMP)

BELEN MARTINEZ
Comm. Expires 02/24/2030
NOTARY
PUBLIC
Commission # 22015152
STATE OF WASHINGTON

Residing at: Skagit County

Notary Public in and for the State of Washington

My appointment expires: 02/24/2030

REV 84 0017 (1/3/17)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-011022

DATE ISSUED: 04/22/2015

FEE NUMBER: 0000000029

GIVEN NAMES: STEVEN ELWOOD
LAST NAME: LEWIS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 19,2015
HOUR OF DEATH: 09:44 A.M.
SEX: MALE
AGE: [redacted] YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: DENVER, DENVER CNTY, COLORADO

MARITAL STATUS: MARRIED
SPOUSE: LOUISE GERTRUDE LEGARDE

OCCUPATION: STEEL STUD FRAMER
INDUSTRY: COMMERCIAL CONSTRUCTION
EDUCATION: 8 YEARS
US ARMED FORCES? YES

INFORMANT: LOUISE LEWIS
RELATIONSHIP: WIFE
ADDRESS: 825 ORTH WAY; SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 825 ORTH WAY
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: CLAIR BYRON LEWIS
MOTHER: VIOLA MA[redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 22,2015

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:
A. CARDIOPULMONARY ARREST
INTERVAL: 45 MINUTES
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: KIRK BROWNELL MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1415 E. KINCAID
CITY,STATE,ZIP: MOUNT VERNON WA 98274
DATE SIGNED: APRIL 22,2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 244
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 22,2015

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (6/14)

Affidavit for Correction

Washington State Department of Health

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
www.doh.wa.gov

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Use the section below for requesting any changes on the record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: 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)

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Informant** ☐ **Funeral Director** ☐ **Other** (Specify) — Telephone Number:

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

15. Signature: (Printed Name)	16. Date:	17. Address:

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof: Birth Record; Certificate of Naturalization; Military Record (DD-214); Passport; Full Numident Report (Social Security Administration); Marriage/Divorce Record; Life Insurance Policy; School Transcripts (Official); Alien Registration (front and back); Hospital/Medical Record

Birth Certificates

1. Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. Child under 18
   - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
   - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
   - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
   - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
   - To correct the sex of the child, submit one proof from a medical provider.

   Adult (18 years or older)
   - Only the adult themselves can change the birth certificate.
   - If the first or middle name is absent, 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.
   - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the 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). 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

CERTIFIED

APR 22 2015

Skagit County Public Health Department
Howard Leibrand M.D., Health Officer

BB00185145