



202606110051

06/11/2026 11:32 AM Pages: 1 of 6 Fees: \$308.56
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.1805
JUN 11 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Karen L. Kelly, 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 Surviving Spouse

Relationship to decedent
of Keith M. Kelly, who died on 01/09/2020

Decedent/Grantor *Date*
at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 2, except the north 5 feet thereof, and lot 3, except the south 30 feet thereof,
Block 4, Mount Vernon Heights Addition, Mount Vernon

Lot 18, Plat of View Crest No.2

Lot 13, College Meadow

Assessor's Property Tax Parcel/Account Number: P53916, P100453, P80164
(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 _____)

Karen Leong Kelly 61 Surviving Spouse

621 N 15th St, Mount Vernon WA 98273

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: June 11th, 2026

Karen Leong Kelly

Affiant's full name

(360) 899-5252

Telephone number

621 N 15th St

Mount Vernon WA 98273
City State Zip Code

Karen Leong Kelly June 11th, 2026
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Karen Leong Kelly
(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: 06 / 11 / 2026

[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Burlington

Notary Public in and for the State of Washington

My appointment expires: 06/16 / 2029

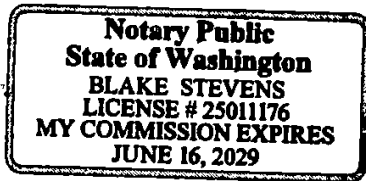


EXHIBIT A

P53916

LOT 2, EXCEPT THE NORTH 5 FEET THEREOF, AND LOT 3, EXCEPT THE SOUTH 30 FEET THEREOF, BLOCK 4, MOUNT VERNON HEIGHTS ADDITION, MOUNT VERNON, WASHINGTON, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 5 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON. SURVEY AF#202112080074

P100453

LOT 18, PLAT OF VIEW CREST NO. 2, AS PER PLAT RECORDED IN VOLUME 14 OF PLATS, PAGES 193 AND 194, RECORDS OF SKAGIT COUNTY, WASHINGTON. TGV TH PTN LOT 17 LYING NELY OF A LINE DAF BAT NE COR OF SD LOT 17 TH WALG THE N LINE THOF 30FT TO POB OF SD LINE TH SELY IN A STRAIGHT LINE TAP ON THE S LINE OF LOT 18 OF SD PLAT WHICH IS 30FT E OF SW COR OF SD LOT 18 AND TERMINAL PT OF SD LINE. EXC TH PTN OF LOT 18 LY SWLY OF A LINE DAF BAT NE COR OF LOT 17 OF SD PLAT TH WALG THE N LINE THOF 30FT TO POB OF SD LINE TH SELY IN A STRAIGHT LINE TAP ON THE S LINE OF SD LOT 18 WHICH IS 30FT E OF SW COR OF SD LOT 18 & THE TERMINAL POINT OF SD LINE

P80164

LOT 13, COLLEGE MEADOW, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 11 OF PLATS, PAGE 76, RECORDS OF SKAGIT COUNTY, WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-001171

DATE ISSUED: 02/04/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KEITH MICHAEL
LAST NAME(S): KELLY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 09, 2020
HOUR OF DEATH: 05:00 AM
SEX: MALE AGE: 62 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 621 NORTH 15TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 621 NORTH 15TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 MONTHS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: ROBERT NORMAN KELLY
MOTHER: DONNA [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KAREN LEONG KELLY

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

OCCUPATION: ELECTRONICS MECHANIC
INDUSTRY: UNITED STATES GOVERNMENT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 14, 2020

INFORMANT: KAREN LEONG KELLY
RELATIONSHIP: SPOUSE
ADDRESS: 621 N 15TH ST, MOUNT-VERNON, WA 98273

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

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

- CAUSE OF DEATH:
- A: PROBABLE ACUTE RESPIRATORY FAILURE
INTERVAL: 1 DAY
- B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 2 YEARS
- C:
INTERVAL:
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: JIMY GILLETTE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 19116 33TD AVE. W.
CITY, STATE, ZIP: LYNNWOOD, WA 98037
DATE SIGNED: JANUARY 13, 2020

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JANUARY 13, 2020



Affidavit for Correction

06/11/2026 11:32 AM Page 6 of 6
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: 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) 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 Self Guardian Informant Hospital
 Person on Record: 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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
 - Documentary proof must be five or more years old or established within five years of birth

Child under 18	Adult (18 years or older)
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required. 	<ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, 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
- *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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 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.
- 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 documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



CERTIFIED

FEB 04 2020

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



0 3 8 0 1 2 7 8

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