

After recording return to:

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ServiceLink
1355 Cherrington Parkway
Moon Township, PA 15108

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20222018
Date 05/16/2022

EXEMPT FROM TRANSFER TAX
WAC 458-61A-202(6)(i) transfer by operation of law

LACK OF PROBATE AFFIDAVIT

Sheila P. Hanlon, being first duly sworn, deposes and says:

The undersigned Affiant/Grantee Sheila P. Hanlon is a rightful heir, as listed on Heirs at Law, to the real property described below, and was the spouse of the decedent Neil B. Carlberg who died on Jan. 10, 2018 in the County of Skagit, State of Washington.

The real property subject to this Affidavit is:

LOT 3 OF SKAGIT COUNTY SHORT PLAT NO. 93-060 AS APPROVED JANUARY 18, 1994 AND RECORDED JANUARY 18, 1994 IN VOLUME 11 OF SHORT PLATS, PAGE 54, UNDER AUDITOR'S FILE NO. 9401180147, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF GOVERNMENT LOT 4 IN SECTION 12, TOWNSHIP 34 NORTH, RANGE 1 EAST OF THE WILLAMETTE MERIDIAN.

Property Address is: 5639 Campbell Lake Rd, Anacortes, WA 98221

Assessor Parcel #: 340112-4-027-0000

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which has not been probated or revoked

The heirs at law of Neil B. Carlberg are as follows (attach separate pages if needed):

Name: *Sheila P Hanlon*
Age: *63*
Relationship: *Spouse*
Address: *5639 Campbell Lake RD*
Anacortes, WA 98221

Dated: 12/08/2021

Sheila P Norton
Affiant's signature

Tel number (360) 927-4285

Address 5639 Campbell Lake RD, Anacortes, WA 98221

STATE OF WA COUNTY OF SKagit ss:

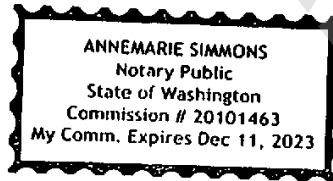
I know or have satisfactory evidence that Sheila P Norton is the person who appeared before me and said person acknowledged that he/she signed this Affidavit and acknowledged it to be his/her free and voluntary act for the uses and purposes therein mentioned.

Dated: 08, December 2021

Annemarie Simmons

Notary Public

My commission expires: 12/11/2023



This instrument prepared by:

Jay A. Rosenberg, Rosenberg PLLC, Washington State Bar Number 50102; 101 South Reid Street, Suite 307, Sioux Falls, South Dakota 57103.

Commitment # 29569427

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-004151

DATE ISSUED: 01/30/2018

FEE NUMBER: 310118

FIRST AND MIDDLE NAME(S): NEIL B
LAST NAME(S): CARLBERG

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 10, 2018
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 64 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 5639 CAMPBELL LAKE ROAD
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 5639 CAMPBELL LAKE ROAD
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOS ANGELES, CA

FATHER/PARENT: WALIS CARLBERG
MOTHER/PARENT: MONA [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: SHEILA HANLON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

OCCUPATION: FIREFIGHTER
INDUSTRY: CIVIL SERVICE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: JANUARY 30, 2018

INFORMANT: SHEILA HANLON
RELATIONSHIP: WIFE
ADDRESS: 5639 CAMPBELL LAKE ROAD ANACORTES WA 98221

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

CAUSE OF DEATH:
A: METASTATIC ADENOCARCINOMA OF ESOPHAGUS
INTERVAL: 4.5 YEARS

ADDRESS: 1321 STATE AVE
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270
FUNERAL DIRECTOR: GINA L. LANDERHOLM

B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OCCUPATIONAL EXPOSURE TO
CARCINOGENS AS A FIREFIGHTER.

MANNER OF DEATH: NATURAL
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JANUARY 29, 2018

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: CHERYL PETERSON
DATE RECEIVED: JANUARY 30, 2018

DOH 422-132 (4/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

Mail to: Center for Health Statistics
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
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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: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

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: _____

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

- 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

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 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, 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). The informant may change marital status with proof. 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 October 2015



0 1 8 0 7 3 5 8

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