

**Return Address:**

Servicelink  
1355 Cherrington Parkway  
Moon Twp, PA 15108

*\*This is a re-record of the document recorded 5-16-2022 in # 202205160037. The purpose of the re-record is to add the additional parcel number to page 1 of the document*

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

**Document Title(s)** (or transactions contained therein): (all areas applicable to your document must be filled in)

- 1. Lack of Probate Affidavit 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Reference Number(s) of Documents assigned or released:**

Additional reference #'s on page \_\_\_\_\_ of document

**Grantor(s)** Exactly as name(s) appear on document

- 1. Neil B Carlberg \_\_\_\_\_
- 2. \_\_\_\_\_

Additional names on page \_\_\_\_\_ of document.

**Grantee(s)** Exactly as name(s) appear on document

- 1. Sheila P Hanlon \_\_\_\_\_
- 2. \_\_\_\_\_

Additional names on page \_\_\_\_\_ of document.

**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)

SECTION 12, TOWNSHIP 34 NORTH, RANGE 1 EAST PIN GOV'T LOT 4 (AKA LOT 3, SP #93-060), SKAGIT COUNTY,

Additional legal is on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel/Account Number**

assigned 340112-0-013-0000 and 340112-4-027-0000

Assessor Tax # not yet

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

**"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."**

\_\_\_\_\_  
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

202205160037

05/16/2022 12:51 PM Pages: 1 of 4 Fees: \$206.50  
Skagit County Auditor, WA

After recording return to:

**Record and Return To:**  
ServiceLink  
1355 Cherrington Parkway  
Moon Township, PA 15108

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20222018  
Date 05/18/2022

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

LACK OF PROBATE AFFIDAVIT

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20222433  
Date 06/13/2022

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 #:**

           P19228, 340112-0-013-0000 and P19245, 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

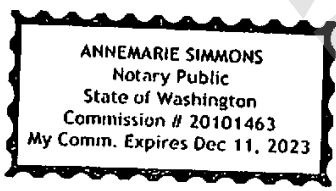
Address 5639 Campbell Lake RD, Anacortes, WA 98221

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	
<b>CERTIFICATE OF DEATH</b>	
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: 5839 CAMPBELL LAKE ROAD ANACORTES WA 98221	FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY ADDRESS: 1321 STATE AVE CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270 FUNERAL DIRECTOR: GINA L LANDERHOLM
CAUSE OF DEATH: A: METASTATIC ADENOCARCINOMA OF ESOPHAGUS INTERVAL: 4.5 YEARS B: INTERVAL: C: INTERVAL: D: INTERVAL:	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
OTHER CONDITIONS CONTRIBUTING TO DEATH: OCCUPATIONAL EXPOSURE TO CARCINOGENS AS A FIREFIGHTER.	
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

**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**

<b>Record Type:</b> <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: _____
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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 2 <sup>nd</sup> parent (if required): _____
Printed name: _____	Printed name: _____
Date: _____	Date: _____

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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



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



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