

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Arena Thompson
DATE 10.5.22

- Address: 1. 7325 North Fruitdale Road, Sedro Woolley, WA 98284
2. No situs
3. No situs
- Legal: 1. PTN NW 07-35-05
2. S 1/2 GVT LT 2 07-35-35
3. PTN S 10 Acres N 1/2 GVT LT 2 07-35-5
- Parcel No.: 1. P38636 / 350507-2-007-0006
2. P38592 / 350507-0-008-0009
3. P38593 / 350507-0-009-0008

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, CYNTHIA MAILLIARD, executes this affidavit relating to the estate of RUSSELL JAY FARSTEAD, the Decedent, who died on August 20, 2022, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

CYNTHIA MAILLIARD, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- The lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One 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:)

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Full Name	Age	Relationship to Decedent
Cynthia Mailliard 7325 North Fruitdale Road Sedro Woolley, WA 98284	legal	spouse

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:

PARCEL A:

That portion of the Southeast Quarter of the Northwest Quarter of Section 7, Township 35 North, Range 5 East of the Willamette Meridian, more particularly described as follows:

Beginning at the Southwest corner of said subdivision;
 Thence East along the South line thereof a distance of 286 feet;
 Thence North parallel with the West line of said subdivision a distance of 850 feet;
 Thence Westerly a distance of 290 feet, more or less, to a point on the West line of said subdivision 870 feet North of the point of beginning;
 Thence South 870 feet to the point of beginning;

EXCEPT any portion of said premises lying within the County road right of way, formerly the Northern Pacific Railroad right of way, as conveyed by

deed recorded May 17, 1917, under Auditor's File No. 119045, records of Skagit County, Washington.

AND EXCEPT the South 165 feet thereof.

Situated in Skagit County, Washington.

PARCEL B:

That portion of the South 10 acres of the North half of Lot 2, Section 7, Township 35 North, Range 5 East of the Willamette Meridian, lying East of the Old Railroad Grade, now county road, as said road existed August 23, 1941.

Situated in Skagit County, Washington.

PARCEL C:

The South Half of Government Lot 2, Section 7, Township 35 North, Range 5 East of the Willamette Meridian, lying East of the Old Railroad Grade, now county road, as said road existed December 29, 1950;

EXCEPT the South 165 feet thereof;

Situated in Skagit County, Washington.

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

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent's estate is not being probated.

The decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

- (1) Share of surviving spouse or state registered domestic partner.
The surviving spouse or state registered domestic partner shall receive the following share:
 - (a) All of the decedent's share of the net community estate.

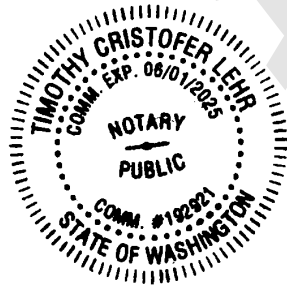
DATED: 9-26, 2022

Cynthia L. Mailliard
Cynthia Mailliard - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Cynthia Mailliard** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 26th day of Sept., 2022.



[Signature]
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro-Woolley, WA
Commission Expires: 6/01/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 08/22/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-042599

FIRST AND MIDDLE NAME(S): RUSSELL JAY
LAST NAME(S): FARSTEAD

AKA: RUSTY FARSTEAD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 20, 2022
HOUR OF DEATH: 09:23 AM

SEX: MALE AGE: 60 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BILLINGS, MT

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CYNTHIA LUCILLE MAILLIARD

OCCUPATION: TECHNICAL DESIGN
INDUSTRY: AEROSPACE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: CYNTHIA L MAILLIARD
RELATIONSHIP: WIFE
ADDRESS: 7325 NORTH FRUITDALE ROAD, SEDRO-WOOLLEY, WA

CAUSE OF DEATH:
A: CARDIOPULMONARY ARREST
INTERVAL: MINUTES
B: MYOCARDIAL INFARCTION
INTERVAL: MINUTES
C: CORONARY ARTERY DISEASE
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION,
HYPERLIPIDEMIA

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: 7325 NORTH FRUITDALE ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 7325 NORTH FRUITDALE ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: CURTIS FARSTEAD
MOTHER: DELORES [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 23, 2022

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: MORGAN F. MERRILL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DR
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
DATE SIGNED: AUGUST 22, 2022

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: # 220820-416
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: AUGUST 22, 2022



Affidavit for Correction

10/05/2022 02:46 PM Page 6 of 6
Mar. 10, 2019
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	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: 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	

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: P.O. 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 forgoing 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

- If legal guardian(s), include certified court order proving guardianship.
- 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.
- No proof is required to change the first or middle name.*
- 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.

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 proof documentation are required.
- 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 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

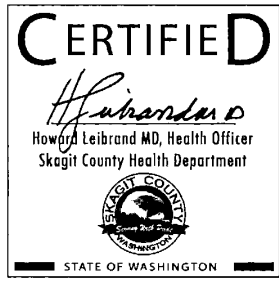
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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