



202301180032

01/18/2023 12:51 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 5226
JAN 18 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By _____ Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Brian Carlson, 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 Son
Relationship to decedent

of Leland Charles Foy, who died on 4/13/2020
Decedent/Grantor Date

at Burlington SKAGIT WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

see Exhibit A attached
17/35/04

Assessor's Property Tax Parcel/Account Number: P123573 + P36811
(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 _____)

Charlotte May Fox, 97, wife
19874 Kelleher Rd, Burlington WA 98233
Full name, age, relationship, address

Brian Dean Carlson, 66, son
16086 Peterson Rd, Burlington WA 98233
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 : _____

Brian Dean Carlson

Affiant's full name

360 941-2737

Telephone number

16086 Peterson Rd

Burlington WA 98233
City State Zip Code

[Signature] 1/18/23
Signature Date

State of WA County of Skagit

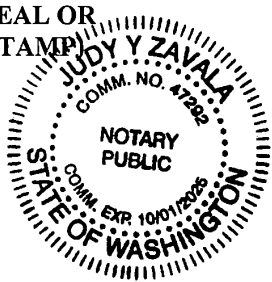
I know or have satisfactory evidence that Brian Carlson
(name of person)

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: 01/18/2023

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Burlington

Notary Public in and for the State of WA

My appointment expires: 10-01-2025

EXHIBIT A

P123573

THAT PORTION IN SECTION 17, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH 640 FEET AND EAST 220 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE EAST 312 FEET; THENCE SOUTH 140 FEET; THENCE WEST 312 FEET, MORE OR LESS TO THE BASE OF THE HILL; THENCE NORTH 140 FEET TO THE POINT OF BEGINNING.

P36811

DFL #8-2016 AF#201606280069 (2018) TRANSFER FROM CU F&A #285 AF#760554 1973 TRNSF AF#819585: DR14: PTN NE1/4 SECTION 17, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., BAT SW C OF SE1/4 NE1/4 TH N 0-28-26 W ALG W LI SD SUB 672.60FT TAP AT BASE OF HILL TH SLY & WLY ALG HILL DESC AS FOL N 57-23-16 W 91.30FT TH N 74-03-17 W 94.19FT TH S 83-15-42 W 131.72 FT TH N 67-20-58 W 88.50FT TH N 34-41-2 3W 87.32FT N 7-27-38 W 140.09FT TH N 10-56-21 E 115.69FT TH N 21-02-03 E 363.06 FT TH N 47-29-50 E 120.24FT TAP ON NWLY BASE OF HILL WH SLOPES UPWRD TO SE TH N 0-28-26 W ON LI PLW & 200FT W OF W LI OF NE1/4 NE1/4 SEC 17 235.98FT TAP WH IS 20FT NLY OF C/L OF DITCH TH N 77-42 E ALG R/A LI 204.34FT TO W LI OF NE1/4 SEC 17 TH S 0-28-26 E ALG W LI 471.19FT TO SW C OF NE1/4 NE1/4 TH N 89-39-21 E ALG S LI SD SUB 681.58FT TO N END OF FOX & OBRYAN PROP SD PT LY S 89-39-21 W 616.66FT FR NE1/4 SE1/4 NE1/4 TH S 0-01 51 W ALG OBRYAN PROP 615.37FT TH N 89-40-18 E 123.75FT TH S 0-01-51 W 703.80 FT TAP ON S LI SE1/4 NE1/4 SEC 17 FR SE C SD SUB N 89-40-18 E 482.42FT TH S 89-40-18 W ALG S LI SD SUB 793.71 FT TPOB EXCEPT FOR CONSERVATION EASEMENT AS DESCRIBED IN AF#199912200152. EXCEPT THAT PORTION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGIN AT THE SOUTHWEST CORNER OF THAT CERTAIN TRACT OF LAND CONVEYED TO LEIF JOHNSON, ET AL, BY DEED RECORDED AS AUDITOR'S FILE NO. 201103170110; THENCE NORTH ALONG THE WEST LINE OF SAID JOHNSON TRACT TO THE CENTERLINE OF AN EXISTING CREEK/DITCH LYING SOUTHERLY OF THE HILL ON PROPERTY CONVEYED TO LELAND C. FOX, ET UX, BY DEED RECORDED AS AUDITOR'S FILE NO. 199910060020; THENCE WESTERLY ALONG THE CENTERLINE OF SAID CREEK/DITCH TO THE WEST LINE OF SAID SOUTHEAST 1/4 OF THE NORTHEAST 1/4; THENCE SOUTH ALONG THE WEST LINE OF SAID SUBDIVISION TO THE SOUTHWEST CORNER OF SAID SUBDIVISION; THENCE EAST ALONG THE SOUTH LINE OF SAID SUBDIVISION TO THE POINT OF BEGINNING. ALSO EXCEPT THAT PORTION DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH 640 FEET AND EAST 220 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE EAST 312 FEET; THENCE SOUTH 140 FEET; THENCE WEST 312 FEET, MORE OR LESS TO THE BASE OF THE HILL; THENCE NORTH 140 FEET TO THE POINT OF BEGINNING, ALL IN SECTION 17, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-017625

DATE ISSUED: 01/18/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **LELAND CHARLES**
LAST NAME(S): **FOX**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **APRIL 13, 2020**
HOUR OF DEATH: **02:50 AM**
SEX: **MALE** AGE: **95 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **19874 KELLEHER RD.**
CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98233**

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

RESIDENCE STREET: **19874 KELLEHER RD.**
CITY, STATE, ZIP: **BURLINGTON, WA 98233**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **34 YEARS**

BIRTH DATE: [REDACTED]
BIRTHPLACE: **HAVRE, MT**

FATHER: **LYLE FOX**
MOTHER: **DOROTHY B [REDACTED]**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **CHARLOTTE MCLENNAN**

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **CLEAR LAKE CEMETERY**

OCCUPATION: **SHAKE MILL OWNER**
INDUSTRY: **TIMBER PRODUCTS MANUFACTURE**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

CITY, STATE: **CLEAR LAKE, WASHINGTON**
DISPOSITION DATE: **APRIL 23, 2020**

INFORMANT: **CHARLOTTE FOX**
RELATIONSHIP: **WIFE**
ADDRESS: **19874 KELLEHER RD., BURLINGTON, WA 98233**

FUNERAL FACILITY: **KERN FUNERAL HOME**
ADDRESS: **1122 S. 3RD STREET**
CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **DANIEL G LA PLAUNT**

CAUSE OF DEATH:
A: **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**
INTERVAL: **MONTHS**
B: **PULMONARY FIBROSIS**
INTERVAL: **LIKLEY 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: **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: **APRIL 16, 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: **APRIL 17, 2020**



Affidavit for Correction

01/18/2023 12:51 PM 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: 2. Date of Event: 3. Place of Event:
4. Father/Parent Full Birth 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 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 2nd 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.

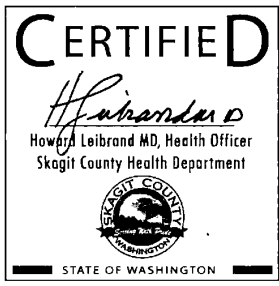
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
Child under 18 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, one proof documentation is required.
• To correct the sex of the child, one proof documentation from a medical provider 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
1. 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.
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 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.
2. 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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