



202301200055

01/20/2023 02:30 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Janice Wilskey
1160 Chestnut Loop
Mount Vernon, WA. 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023-5245
JAN 20 2023

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Janice Wilskey, 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 wife
Relationship to decedent

of Richard Leroy Wilskey, who died on 4/22/17
Decedent/Grantor Date

at Mount Vernon Skagit Wa.
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Montreaux Phase 1 PUD, Lot 14, Recirded Under AF#200707230124,
Being a portion of SW1/4 of Section 22, Township 34 North, Range
4 East.

Assessor's Property Tax Parcel/Account Number: #126407-4935-000-014-0000
(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 _____)

Janice Wilskey wife of Richard my age -76

1160 Chestnut Loop, Mount Vernon, Wa. 98274

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 : 1/20/23

JANICE BEVERLY WILSKEY

Affiant's full name

360-428-2848

Telephone number

1160 Chestnut Loop

Mount Vernon *Street* Wa. 98274

City *State* *Zip Code*

Janice Beverly Wilskey 1/20/23
Signature *Date*

State of Washington County of Skagit

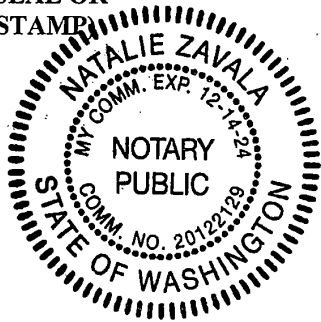
I know or have satisfactory evidence that Janice B. Wilskey
(name of person)

is the person who appeared before me, and said person acknowledged that (he~~s~~he) signed this affidavit and acknowledged it to be (his~~er~~her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 1/20/2023

Natalie
Signature of Notary Public

(SEAL OR STAMP)



Residing at: 1501 Riverside Dr. Mt. Vernon

Notary Public in and for the State of Washington

My appointment expires: 12/14/2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-018698

DATE ISSUED: 04/24/2017
FEE NUMBER:FIRST AND MIDDLE NAME(S): RICHARD LEROY
LAST NAME(S): WILSKEYCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 22, 2017
HOUR OF DEATH: 07:45 PM
SEX: MALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTH PLACE: SEATTLE, WASHINGTONMARITAL STATUS: MARRIED
SPOUSE: JANICE LOSETHOCCUPATION: OWNER/OPERATOR
INDUSTRY: ELECTRICAL CONTRACTOR
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NOINFORMANT: JANICE WILSKEY
RELATIONSHIP: WIFE
ADDRESS: 1160 CHESTNUT LOOP MOUNT VERNON WA 98274CAUSE OF DEATH:
A: SEPSIS
INTERVAL: 2 DAYS
B: LUNG CANCER
INTERVAL: 9 MONTHS
C: PULMONARY FIBROSIS
INTERVAL: 5 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1160 CHESTNUT LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 1160 CHESTNUT LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEARFATHER/PARENT: PERCY WILSKEY
MOTHER/PARENT: EVELYN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 25, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ROBERT R. JACOBSEN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: APRIL 24, 2017CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: APRIL 24, 2017

Affidavit for Correction



This is a legal document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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 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: 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:

8. The record now shows: 9. The true fact is:
10. 11.
12. 13.
14. 15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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

- 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. 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

- 1. 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.
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 documentary proof.
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.

DOH 422-034 October 2015



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

CERTIFIED*

APR 24 2017

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



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