BEILL BYCL TOPOLYTILE 71. EAST HAVE FARE RESONANCE BEILLI 202304180041 04/18/2023 01:48 PM Pages: 1 of 6 Fees: \$208.50 Skagit County Auditor

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 DUNG SHOWASON DATE 4.18.23						
Legal: Se	069 Lyman Hamilton Rd dro-Woolley, WA 98284 14772 / 350616-2-007-0							
	LACK OF PROBATE REAL ESTATE AFFIDAVIT							
State of Washin	_							
County of Skagi) ss.							
STEPHEN ROG Skagit, State of	ERS, the Decedent Washington, then be	ecutes this affidavit relating to the estate of GREGG, who died on March 26, 2023, in the County of eing a resident of the County of Skagit, State of rtificate is attached hereto.						
MARICA ROGER	S, being first duly sv	worn, depose and say:						
	is to be recorded as to the property desc	s an affirmation of facts showing that the affiant is ribed below.						
Relationship of	the Affiant to the	<u>Decedent</u>						
Regis Survi One of tenancy w	awful surviving spou stered domestic part ving child of the Dec of the joint tenants n vith a right of survive	ner of the Decedent cedent amed in that certain instrument creating a joint orship identified in that certain deed recorded on , under Recording No, in						

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
Marcia Rogers	LEGAL	Spouse
32069 Lyman Hamilton Rd		
Sedro Woolley WA 98284		

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:

A portion of the NW Quarter of the NW Quarter of Section 16, Township 35, Range 6 East of the Willamette, as more fully described as follows:

All that portion of the West Half of the Northwest Quarter of the Northwest Quarter of

Section 16, Township 35 North, Range 6 East of the Willamette Meridian; lying North of the County Road, and South of the right-of-way of the Puget Sound and Baker River Railroad;

EXCEPTING THEREFROM that portion of the abandoned right-of-way of the Puget Sound and Baker River Railroad Company lying adjacent to that portion of the West Half of the Northwest Quarter of the Northwest Quarter of Section 16, Township 35 North, Range 6 East of the Willamette Meridian, lying North of the County Road, and South of the right-of-way of the Puget Sound and Baker River Railroad;

AND FURTHER EXCEPTING that strip of land conveyed to the State of Washington for highway purposes by deed recorded January 23, 1958, under Auditor's File No. 560981, records of Skagit County, Washington.

Situated in Skagit County, Washington.

5. Status of the Will (if any)

☐ The decedent left no Will that devises real property.

Lack of Probate Real Estate Affidavit - 2 of 4

NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolk Commission Expires: (1)-2(e-2(e)

	1				
	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 slareceive the following share: (a) All of the decedent's share of the net community estate. 					
	DATED: <u>April 17.</u> , 2023				
	Marica Rogers - Affiant				
	STATE OF WASHINGTON)) ss.				
	COUNTY OF SKAGIT)				
	On this day personally appeared before me Marica Rogers 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 12 day of 1, 2023.				
	BAH A S				



Right to Manage Natural Resource Lands Disclosure

Skagit County's policy is to enhance and encourage Natural Resource Land management by providing County residents notification of the County's recognition and support of the right to manage Natural Resource Lands, e.g., farm and forest lands.

Skagit County Code 14.38.030(2) requires, in specified circumstances, recording of the following disclosure in conjunction with the deed conveying the real property:

This disclosure applies to parcels designated or within 1 mile of designated agricultural land or designated or within 1/4 mile of rural resource, forest or mineral resource lands of long-term commercial significance in Skagit County.

A variety of Natural Resource Land commercial activities occur or may occur in the area that may not be compatible with non-resource uses and may be inconvenient or cause discomfort to area residents. This may arise from the use of chemicals; or from spraying, pruning, harvesting or mineral extraction with associated activities, which occasionally generates traffic, dust, smoke, noise, and odor. Skagit County has established natural resource management operations as a priority use on designated Natural Resource Lands, and area residents should be prepared to accept such incompatibilities, inconveniences or discomfort from normal, necessary Natural Resource Land operations when performed in compliance with Best Management Practices and local, State, and Federal law.

In the case of mineral lands, application might be made for mining-related activities including extraction, washing, crushing, stockpiling, blasting, transporting and recycling of minerals. If you are adjacent to designated NR Lands, you will have setback requirements from designated NR Lands.

Washington State Law at RCW 7.48.305 also establishes

...agricultural activities conducted on farmland and forest practices, if consistent with good agricultural and forest practices and established prior to surrounding nonagricultural and nonforestry activities, are presumed to be reasonable and shall not be found to constitute a nuisance unless the activity or practice has a substantial adverse effect on public health and safety. ...An agricultural activity that is in conformity with such laws and rules shall not be restricted as to the hours of the day or day or days of the week during which it may be conducted.

EXHIBIT A



STATE OF WASHINGTON DEPARTMENT OF HEALTH







CERTIFICATE OF DEATH

1 1 4 4 9 0 7 4

DATE ISSUED: 03/29/2023

CERTIFICATE NUMBER: 2023-015255

FIRST AND MIDDLE NAME(S): GREGG STEPHEN LAST NAME(S): ROGERS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 27, 2023
HOUR OF DEATH: 12:27 AM

SEX: MALE

SOCIAL SECURITY NUMBER

E: 68 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: EVERETT, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARCIA KAY TRUEMAN

OCCUPATION: LUTHIER INDUSTRY: MUSIC

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: MARCIA K ROGERS

RELATIONSHIP: WIFE

ADDRESS: 32069 LYMAN HAMILTON HIGHWAY, SEDRO-WOOLLEY, WA

CAUSE OF DEATH:

A: CARDIAC ARREST INTERVAL: MINUTES

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS
C: PLAQUES IN ARTERIES
INTERVAL: YEARS

D: SMOKING

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: RIGHT LUNG MASS, SYNDROME OF INAPPROPRIATE ANTIDIURETIC HORMONE, OSTEOPOROSIS, PERIPHERAL ARTERIAL DISEASE, AND ABDOMINAL AORTIC ANEURYSM,

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: 32069 LYMAN HAMILTON HIGHWAY CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 32069 LYMAN HAMILTON HIGHWAY

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 19 YEARS

FATHER: KENNETH EDWARD POCEPS

MOTHER: ARLENE GLORIA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MARCH 30, 2023

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: TOBI G. STIDMAN

MANNER OF DEATH: NATURAL AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: KIMM I. LAYLAND, PAC TITLE: PHYSICIAN ASSISTANT CERTIFIER ADDRESS: 1400 E. KINCAID

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: MARCH 28, 2023

CASE REFERRED TO ME/CORONER: $\,\textbf{NO}\,$

FILE NUMBER: 230327-203

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MARCH 29, 2023

DOH422-132SKAGIT (2/22)

202304180041

Affidavit for Correction

04/18/2023 01:48-c.P.W. Rage Realin Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

77 -	STATE OFFICE USE ONLY									
Stat	e File Number	Fee Number	¥	Initial		Date		Affidavit Nun	nber	Jan Jan Gard
W AN		Required inform	nation must r	natch current	informa	tion on recor	1 18 70	A ALE		
	Record Type: Birt	h 🔲 Death	<u> </u>	larriage		Dissolution (Divorce			
اق ا	1. Name on Record:					Date of Event:		3. Place of E		
I∖Ę	First Midd		Last			MM/DD/YYYV		(City or Co		
5	4. Father/Parent Full Birth Name (Spouse A for Marriage	or Dissolution)	5. Mother/Parer	nt Full Bir	th Name (Spous	e B for I	Marriage or D	issolution)	
Required	First Midd		Last/Maiden	First		Middle			Maiden	
!	6. Name of Person Requesting Co	rrection:	Relationship		_	Guardian	☐ Info		☐ Hos	pital
			Person on Re	ecord: Darent	(s) ∐ l	Funeral Director	☐ Oth	er (specify)		
	eturn Mailing Address:			,						
	O Box or Struct Address phone Number:			Cπ _γ Email Address:			State		μ	
()			Linaii Addiess.						
-	Use the section below f	or requesting any	hanges on th	e record. The	record	is incorrect o	r Incon	plete as fo	llows:	100
	The record cu					The true			1 - 1 - 1 - 1	1,000
8.				9.						
10.				11.					-	
12.				13.						
 	I declare under penalty	of periury under th	ne laws of the	State of Wash	ington	that the forgo	ing is	true and co	rrect.	
14a.	Signature:	or porjury under a				rent (if required)				
Prin	ted name:	D	ate:	Printed name:				D	ate:	
-		INSTRUCTIO	NS - go to www	.l v.doh.wa.gov for r	nore info	rmation				
Rea	uired proof documentation must be						of docur	mentation incl	ude:	
	Birth/Marriage/Divorce record •	Military record (DD-2	14) • \$	School transcripts	3	• So	cial Secu	urity Numident	t Report	
• (Hospital/medical reco		Copy of Passport						-551)
D: 4	You cannot use a Driv	er's license, Social S	ecurity card, or	nospital decor	ative birt	n certificate as	proot a	ocumentatio	n.	
	h Certificates Dnly a parent(s), legal guardian (if th	oe child is under 18) o	the named indi	vidual (if 18 or ol	der) may	change the hirth	certifics	ate		
2. 1	The proof(s) must match the asser	ted fact(s). For examp	e, if the affidavit	savs the name s	should be	Mary Ann Doe,	the proc	of must show t	he name t	o be
1	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) Adult (18 years or older) Only the adult can change his or her birth certificate.										
•								ition are		
1	of Parentage form, last name can b									
	on certificate (can be any combination of the first, middle or last names); • If the first, middle and/or last name is misspelled, or month and/or day of birth							ot dirth		
 thereafter, a court order is required to change the last name. No proof is required to change the first or middle name.* is incorrect, two pieces of proof documentation are required. To correct parent's birth date, place of birth, or name, one proof documentation. 						entation				
	 No proof is required to change the first of findide flame. To correct parent's information, one proof documentation is required. is required. 									
•	To correct the sex of the child, one proof documentation from a medical									
1	provider is required.							ath		
	*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.										

- 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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