

Return Address:

Brent Weidemann
1004 Commercial Ave
Anacortes WA 92221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/24/2023

GNW 23-18155

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Brent R. Weidemann, being first duly sworn
Name of Affiant
Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is spouse
Relationship to decedent
of Bethene Larae Weidemann who died on _____
Decedent/Grantor Date
at _____
City Skagit County WA State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: Lts 9, 10 + Ptn Lt 8, BIK 101
Northern Pacific addt to Anacortes and Ptn.
Tr. 1, Plate 7, Sec 23, T35N, R1E.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P 58163 P31692
P100914

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which ~~is being~~ ^{now closed} was probated in Skagit County,
State of Washington as Superior Court Cause No. 21-4-00241-29.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

BRETT REIDAR WEIDEMANN 78 SPOUSE
Full name, age and relationship

1004 COMMERCIAL AVE ANACOSTES, WA 98221
Address City State Zip

RICHARD LEE WEIDEMANN 62 SON
Full name, age and relationship

11256 COLEMAN RD GULFPORT, MS 39503
Address City State Zip

TIMOTHY ALAN WEIDEMANN 60 SON
Full name, age and relationship

2525 MORRIS RENTON, WA 98005
Address City State Zip

CHRISTOPHER REIDAR WEIDEMANN 53 SON
Full name, age and relationship

~~PORTLAND~~ SEATTLE WA
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 200,000 of which approximately \$ none was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: April 24, 2023
Brent Weidemann 360-708-5822
Affiant's full name Telephone number
1004 Commercial Ave. Anacortes WA 98221
Street City State Zip Code

State of WA County of Skaagit

I know or have satisfactory evidence that Brent R Weidemann
(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: April 24, 2023 [Signature]
Signature of Notary Public

(SEAL OR SIGNATURE) Residing at Sedro Woolley



Notary Public in and for the State of WA

My appointment expires: 6/19, 2025.

(Based on REV 84 0017 (1-3-17))

EXHIBIT A
LEGAL DESCRIPTION

Property Address: 2620 Oakes Avenue, Anacortes, WA 98221
Tax Parcel Number(s): P58163, P31692, P100914

Property Description:

PARCEL A:

The West 5 feet of Lot 8, and all of Lots 9 and 10, Block 101, "NORTHERN PACIFIC ADDITION TO ANACORTES," as per plat recorded in Volume 2 of Plats, page 9, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

PARCEL B:

That portion of the Burlington Northern Railroad right of way designated as Northern Pacific Railroad on the Plat of "NORTHERN PACIFIC ADDITION TO ANACORTES," as per plat recorded in Volume 2 of Plats, page 9, records of Skagit County, Washington, being more particularly described as follows:

Beginning at the Southwest corner of Block 101 of said plat;
thence North 21°36'44" West along the Westerly line of said Block 101, a distance of 175.00 feet to the Northwest corner of said Block 101 also being the true point of beginning;
thence South 71°57'51" West, a distance of 40.08 feet to the Northerly end of the centerline of Baltimore Avenue;
thence North 21°36'44" West, a distance of 148.20 feet;
thence North 71°17'58" East, a distance of 105.12 feet;
thence South 21°36'44" East, a distance of 149.05 feet to a point on the North line of said Block 101;
thence South 71°37'54" West, a distance of 65.09 feet to the Northwest corner of said Block 101 being the true point of beginning.

Situate in the City of Anacortes, County of Skagit, State of Washington.

PARCEL C:

That portion of the following described Tract "RR" which lies between the Northwesterly extensions of the Southwesterly and Northeasterly lines of that certain tract of land conveyed to Keith R. Weidemann, et ux, by that certain Quit Claim Deed recorded June 29, 1988, under Auditor's File No. 8806290023, records of Skagit County, Washington:

Tract RR:

Tracts 1 and 2, Plate 7 in Section 14, Township 35 North, Range 1 East, W.M., and all that part of Tract 1, Plate 7 in Section 23, Township 35 North, Range 1 East, W.M., described as follows:

Beginning at the initial point of said Tract 1 of Section 23;
thence West 305 feet;
thence South 70°44' West 855 feet;
thence South 23° East 112 feet;
thence North 69°10' East 136 feet;
thence North 70°53' East 533.5 feet;
thence North 73°12' East 444 feet;

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thence North 17°45' East 32 feet to beginning.

EXCEPTING and excluding from said Tracts 1 and 2, Plate 7, said Section 14, and said described portion of Tract 1, Plate 7, Section 23, and all that part thereof heretofore conveyed to the former Great Northern Railway Company, now Burlington Northern Railroad Company, and described as follows:

Beginning at the initial point of Tract 1, Plate 7, said Section 23:

thence South 17°45' West, 32 feet;

thence South 73°12' West 444 feet;

thence South 70°53' West, 533 ⁵/₁₀ feet;

thence South 69°10' West 136 feet;

thence North 22°, no minutes West, 40 feet;


thence Easterly in a direct line a distance of 970 feet to a point in Tract 1, Plate 7, Section 23, which point is 40 feet Northwesterly measured at right angles, to the second course herein described;

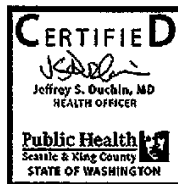
thence Northeasterly in a direct line a distance of 200 feet, more or less, to a point which bears North 17°45' East, 66 feet from the initial point of Lot 1, Tract 1, Section 23;

thence South 17°45' West, 66 feet to the point of beginning.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2021-018254	DATE ISSUED: 04/21/2021 FEE NUMBER: 1706064
FIRST AND MIDDLE NAME(S): BETHENE LARAE LAST NAME(S): WEIDEMANN	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: APRIL 13, 2021 HOUR OF DEATH: 01:00 PM SEX: FEMALE AGE: 78 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOME FACILITY OR ADDRESS: 2620 OAKES AVENUE CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 2620 OAKES AVENUE CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 25 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: ORD, NE	FATHER: MALVIN LOUIS AXTHELM MOTHER: [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: BRENT REIDAR WEIDEMANN	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY
OCCUPATION: HOMEMAKER INDUSTRY: OWN HOME EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED US ARMED FORCES: NO	CITY, STATE: SEATTLE, WASHINGTON DISPOSITION DATE: APRIL 20, 2021
INFORMANT: BRENT REIDAR WEIDEMANN RELATIONSHIP: HUSBAND ADDRESS: 2620 OAKES AVENUE ANACORTES, WA 98221	FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD ADDRESS: 4320 196TH ST SW - STE. C CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036 FUNERAL DIRECTOR: MANUELA A. BARBER
CAUSE OF DEATH: A. METASTATIC BREAST CANCER INTERVAL: 20 YEARS B. INTERVAL: C. INTERVAL: D. INTERVAL:	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
OTHER CONDITIONS CONTRIBUTING TO DEATH: OBSTRUCTIVE LUNG DISEASE, ENCEPHALOPATHY, SLEEP APNEA	CERTIFIER NAME: ANITA M. MEYER, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 DATE SIGNED: APRIL 15, 2021
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY: 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: BELEN MARTINEZ DATE RECEIVED: APRIL 19, 2021

		<h3 style="margin: 0;">Affidavit for Correction</h3>		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	
Required information must match current information on record						
Required	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: PO 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 foregoing 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:						
<ul style="list-style-type: none"> • 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						
<ul style="list-style-type: none"> • 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. 						
<ul style="list-style-type: none"> • 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						
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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