

**Return Address:**

Estate of Marilyn M. Bowles  
3010 Commercial Avenue  
Anacortes, WA 98221  
210349-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lana Thompson  
DATE 10/25/2023

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee JEFFREY B MEEK, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

SON of Marilyn M. Bowles  
*Relationship to decedent* *Decedent/Grantor Name*

who died on October 6, 2022 at  
*Date*

Anacortes Skagit 98221  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Tract 149, Skyline No. 6

Assessor's Property Tax Parcel/Account Number: 3822-000-149-0002 / P59577  
(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)

Jeffrey B. Meek, Relationship: Son , age: 64 , \_\_\_\_\_

Address: 901 Altaclena Dr Fircrest WA 98466  
*Full name, age, relationship, address*

Kurt R. Meek, Relationship: \_\_\_\_\_ , Age: \_\_\_\_\_

Address: \_\_\_\_\_  
*Full name, age, relationship, address*

Roger L. Meek, Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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*

(2)

Dated: 10/17/2023

JEFFREY B MEEK  
Affiant's full name

(253) 370-6577  
Telephone number

901 Alhambra Dr  
Street

Fircrest City WA State 98766 Zip Code

[Signature]  
Signature

10/17/2023  
Date

STATE OF Washington

COUNTY OF Pierce

Signed and sworn to (or affirmed) before me on this 17 day of October, 2023 by

Jeffrey Meek

[Signature]  
Signature

Notary  
Title

My appointment expires: 8-16, 2026



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210349-LT

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Roger L. Morko<sup>(VJR)</sup>, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Son of Marilyn M. Bowles,  
*Relationship to decedent* *Decedent/Grantor Name*

who died on October 6, 2022 at  
*Date*

Anacortes Skagit 98221  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

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"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)

Jeffrey B. Meek, Relationship: \_\_\_\_\_, age: \_\_\_\_\_

Address: \_\_\_\_\_  
*Full name, age, relationship, address*

Kurt R. Meek, Relationship: \_\_\_\_\_, Age: \_\_\_\_\_

Address: \_\_\_\_\_  
*Full name, age, relationship, address*

Roger L. Meek, Relationship: *Son* Age: *65*

Address: *2005 N. CAMINO AGRIOS, TUCSON, AZ 85715*  
*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: 18 OCT 2023

Roger L. Meek  
Affiant's full name

(619) 993-3842  
Telephone number

2005 N. Camino Agras #  
Street

TUCSON AZ 85715  
City State Zip Code

Roger L. Meek 18 OCT 2023  
Signature Date

STATE OF Arizona

COUNTY OF Pima

Signed and sworn to (or affirmed) before me on this 18th day of October, 2023 by

Roger L. Meek

[Signature]  
Signature

Notary Public  
Title

My appointment expires: March 19, 2027.



**Return Address:**  
Estate of Marilyn M. Bowles  
3010 Commercial Avenue  
Anacortes, WA 98221  
210349-LT

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Kurt R. Meek, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Son/Heir of Marilyn M. Bowles  
*Relationship to decedent* *Decedent/Grantor Name*

who died on October 6, 2022 at  
*Date*

Anacortes Skagit 98221  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Tract 149, Skyline No. 6

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"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)

Jeffrey B. Meek, Relationship: \_\_\_\_\_, age: \_\_\_\_\_

Address: \_\_\_\_\_

Full name, age, relationship, address

Kurt R. Meek, Relationship: SON, Age: 03

Address: 12411 84th St NE Lake Stevens WA 98258

Full name, age, relationship, address

Roger L. Meek, Relationship: \_\_\_\_\_, Age: \_\_\_\_\_

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: 10-17-23

Kurt R. Meek  
Affiant's full name

425-330-9982  
Telephone number

12611 84th St. NE

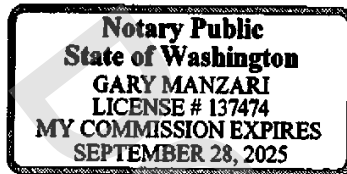
Lake Stevens Street WA 98258  
City State Zip Code

Kurt R. Meek 10-17-23  
Signature Date

STATE OF Washington  
COUNTY OF Snohomish

Signed and sworn to (or affirmed) before me on this 17<sup>th</sup> day of October, 2023 by  
Kurt R. Meek

[Signature]  
Signature  
Notary  
Title



My appointment expires: 9/28, 2025

**Legal Description**

Tract 149, "SKYLINE NO. 6," as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-051376

DATE ISSUED: 10/10/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARILYN MARLENE  
LAST NAME(S): BOWLES

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 06, 2022  
HOUR OF DEATH: 09:20 AM  
SEX: FEMALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 4816 YORKSHIRE DR  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 4816 YORKSHIRE DR  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 33 YEARS

BIRTH DATE:  
BIRTHPLACE: WENATCHEE, WA

FATHER: CHESLEY ROGERS  
MOTHER:

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: BANKER  
INDUSTRY: FINANCIAL SERVICES  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: OCTOBER 11, 2022

INFORMANT: ROGER MEEK  
RELATIONSHIP: SON  
ADDRESS: 4816 YORKSHIRE DR, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: MONTHS  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: COLE B. ERIKSON

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION, ANEMIA,  
CHRONIC KIDNEY DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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, WASHINGTON 98273  
DATE SIGNED: OCTOBER 06, 2022

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: MARIA VIVANCO  
DATE RECEIVED: OCTOBER 10, 2022



# Affidavit for Correction

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

P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

DOH 422-034 August 2019

### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

<b>Required</b>	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
	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: 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 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	Date:

#### INSTRUCTIONS - go to [www.doh.wa.gov](http://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

- 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

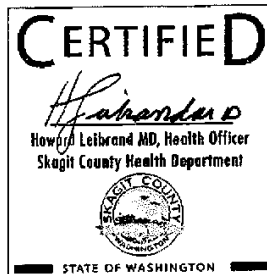
1. Only the Informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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