

POOR ORIGINAL

Return Address:

Dennis Pearson  
8400 207th Pl NE  
Arlington WA 98223

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20240012  
Date 03/27/2024

FIRST AMERICAN 443548 GAWT 24-2016

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Dennis Pearson, 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

the real property described below, and is Personal Representative of the Estate of Richard A. Pearson,  
surviving spouse at the time of death

*Relationship to decedent*

of Mary P. Pearson, who died on 11/9/2012  
*Decedent/Grantor* *Date*

at Seattle, WA King WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 23, Skagit Orchards, Rec No. 200109240161  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessor's Property Tax Parcel/Account Number: P118365|4781-000-023-0000  
(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)

Richard A. Pearson, spouse 87  
111 North 30th St, Mt Vernon, WA 98273

Full name, age, relationship, address

Dennis A. Pearson, son 64  
Camano Island, WA

Full name, age, relationship, address

Peggy Sue Erickson, daughter 62  
Mount Vernon, WA

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

Full name, age, relationship, address

Full name, age, relationship, address

Dated : March \_\_\_\_\_, 2024

Dennis A. Pearson  
Affiant's full name

Telephone number

Street

City State Zip Code

 

Signature Date

REV 84 0017 (1/3/17)

State of WA County of Snohomish

I know or have satisfactory evidence that Dennis A. Pearson  
(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: 3/26/24 Nicole Winslow  
Signature of Notary Public

(SEAL OR STAMP) Residing at: Marysville



Notary Public in and for the State of WA

My appointment expires: 8/22/25

REV 84 0017 (1/3/17)

**EXHIBIT A**

**LEGAL DESCRIPTION:** Real property in the County of Skagit, State of Washington, described as follows:

Lot 23, PLAT OF SKAGIT ORCHARDS, according to the plat thereof recorded under Auditor's File No. 200109240161, records of Skagit County, Washington.

Situated in Skagit County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics  
CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued : 4/8/2020

Local File Number: **11597** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Mary Pauline Pearson</b>	2. Death Date <b>Nov. 9, 2012</b>				
3. Sex (MF) <b>Female</b>	4a. Age - Last Birthday <b>81</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>King</b>
7. Birthdate <b>Nov. 5, 1931</b>	8a. Birthplace (City, Town, or County) <b>Saluda</b>	8b. (State or Foreign Country) <b>South Carolina</b>	9. Decedent's Education <b>8th grade or less: 6th grade</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes specify		11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g. 624 SE 5 <sup>th</sup> St.) (include Apt. No.) <b>111 North 30th Street</b>			13b. City or Town <b>Mount Vernon</b>		13c. Inside City Limits? <b>No</b>
13d. Residence: County <b>Skagit</b>		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98273</b>	
14. Estimated length of time at residence <b>9 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Richard Pearson</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First Middle, Last Suffix) <b>Tred Rowe</b>			20. Mother's Name (First Middle, Last Suffix) [REDACTED]		
21. Informant's Name <b>Richard Pearson</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address (Number and Street or RFD No. City or Town State Zip) <b>111 North 30th Street Mount Vernon, WA 98273</b>	
24. Place of Death, if Death Occurred in a Hospital <b>Inpatient</b>			25. Place of Death, if Death Occurred Somewhere Other Than a Hospital		
26. Facility Name (if not a facility give number & street or location) <b>Kindred Hospital-First Hill Campus</b>		26a. City, Town, or Location of Death <b>Seattle</b>		26b. State <b>WA</b>	
26c. Zip Code <b>98101</b>		27. Zip Code <b>98101</b>		27. Zip Code <b>98101</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>		30. Location-City/Town, and State <b>Mount Vernon, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Kern Funeral Home 1122 South 3rd Street Mount Vernon, WA 98273</b>			32. Date of Disposition <b>November 17, 2012</b>		
33. Funeral Director Signature <b>Craig R Morgan</b>			33. Funeral Director Name <b>Craig R. Morgan</b>		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Acute Respiratory Distress Syndrome</b> Interval between Onset & Death <b>1 month</b> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST <b>Pneumonia</b> Due to (or as a consequence of) Interval between Onset & Death <b>1 month</b> Due to (or as a consequence of) Interval between Onset & Death Due to (or as a consequence of) Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Acute renal failure</b>			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area) <b>Injury at Work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
44. Location of Injury Number & Street City or Town State Zip Code + 4		45. Describe how injury occurred		47. If transportation injury, specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician <b>[Signature]</b>		48b. Medical Examiner/Coroner <b>[Signature]</b>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Michael R. Huns 1324 Terry Avenue Seattle</b>		50. Hour of Death (24hrs) <b>1520</b>		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (mm/dd/yyyy) <b>11-09-2012</b>		53. Title of Certifier <b>Dr.</b>		54. License Number <b>108380M/488</b>	
55. ME/Coroner File Number <b>12-7437</b>		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature <b>[Signature]</b>	
58. Date Received (mm/dd/yyyy) <b>NOV 16 2012</b>		59. Amendments			

DQM-CHS 803 6/2007 0612

DQM 422-132.khm (8/18) 12

NOT VALID IF REPRODUCED OR ALTERED



### Affidavit for Correction

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	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 Birth Name (Spouse A for Marriage or Dissolution)      5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
First Middle Last/Maiden      First Middle Last/Maiden

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: 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<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.

DOCUMENT