

**Return Address:**

342 Sindar Alley  
Mount Vernon WA  
98274

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY BELEN MARTINEZ  
DATE 04/11/2025

GNW 25-22660

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Robert D. Norris, 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 Nephew  
Relationship to decedent  
of Dorothy Louise Fowler who died on 12/07/2020  
Decedent/Grantor Date  
at Mount Vernon Skagit WA  
City County State

**REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)**

Abbreviated Legal Descriptions: \_\_\_\_\_

Abbreviated: Lot 29, Moores Garden Plat

Full Legal Description: Lot 29, Moores Garden Plat, according to  
the plat thereof, recorded in Volume 7 of plats, page 10, records  
of Skagit County, Washington.

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

P67565/3958-000-029-0003

(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/was probated in \_\_\_\_\_ County,  
State of Washington as Superior Court Cause No. \_\_\_\_\_.

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):

George Emmett Fowler, 74 (at death), Son  
Full name, age and relationship  
18180 Moores Garden Road, Mount Vernon WA 98273  
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

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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 \$ 300,000 of which approximately \$ 300,000 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: 04/10/2025

Robert D Norris 206-491-0900  
Affiant's full name Telephone number

Street 342 S Sinclair Alley City Mount Vernon State WA Zip Code 98274

State of WA County of Skaagit

I know or have satisfactory evidence that Robert D. Norris  
(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.

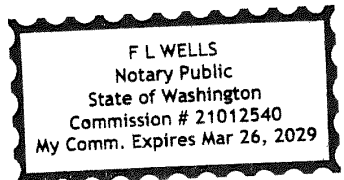
Dated: April 10, 2025 [Signature] Notary Public  
Signature of Notary Public F.L. WELLS

(SEAL OR STAMP) Residing at Mount Vernon, WA

Notary Public in and for the State of WA

My appointment expires: March 26 20 29

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



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-057239

DATE ISSUED: 12/18/2020  
FEE NUMBER:FIRST AND MIDDLE NAME(S): DOROTHY LOUISE  
LAST NAME(S): FOWLERCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 07, 2020  
HOUR OF DEATH: 05:30 PM  
SEX: FEMALE AGE: 93 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: BURLINGTON, WAMARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: OWNER OPERATOR  
INDUSTRY: DRY CLEANING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: GEORGE FOWLER  
RELATIONSHIP: SON  
ADDRESS: 18180 MOORES GARDEN ROAD, MOUNT VERNON, WA 98273CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: MONTHS  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: WEAKNESS, POOR APPETITE  
AND CONFUSION.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: HOME  
FACILITY OR ADDRESS: 18180 MOORES GARDEN ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273RESIDENCE STREET: 18180 MOORES GARDEN ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARSFATHER: ~~ROSE HENRY MORRIS~~  
MOTHER: ~~VERNA JEANNE TEX ARANK~~METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 09, 2020

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: JEREMIAH T. LESOURDMANNER 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 RESPONSECERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: DECEMBER 08, 2020CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: DECEMBER 09, 2020

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

**Washington State Department of Health**  
DOH 422-034 August 2019

**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
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**Required information must match current information on record**

**Required**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Birth 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: \_\_\_\_\_

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 currently shows:	9. The true fact is:
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 parent's 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.

**\*CERTIFIED\***

DEC 18 2020

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



0 4 1 4 4 3 2 1

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