



20251130048

11/13/2025 03:32 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

11525 Panorama Dr.
Sedro Woolley WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY <u>Dena Thompson</u>
DATE <u>11.13.25</u>

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mary F. Wheeler, 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 described below, and is Spouse
Relationship to decedent

of David M. Wheeler, who died on 10/5/24
Decedent/Grantor Date

at Sedro Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

see attached for full legal
PTN W1/2 NE1/4 AKA TR 1 S/F 159-79
AP#8005120012 INCL 1978 KOZY M/H
SER#SB832A

Assessor's Property Tax Parcel/Account Number: P40586
(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)

(Page 1 of 4)

Full name, age, relationship, address

Mary E. Wheeler 74 spouse
11525 Panorama Rd Sedro Woolley WA 98284

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: 11/13/25Mary Wheeler

Affiant's full name

360 399 8880

Telephone number

1525 Panorama RdSedro Woolley WA 98284

City

State

Zip Code

Mary Wheeler 11/13/25

Signature

Date

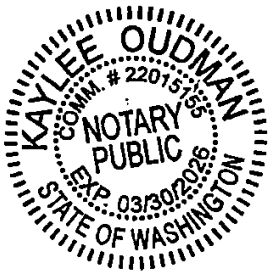
State of Washington County of SkagitI know or have satisfactory evidence that Mary Elvira Wheeler

(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: 11 / 13 / 2025Kayle Oudman

Signature of Notary Public

(SEAL OR
STAMP)Residing at: Sedro WoolleyNotary Public in and for the State of WAMy appointment expires: 3 / 30 / 2026

SB-10804

EXHIBIT "A"

PARCEL A:

Tract 1 as shown on AMENDED SURVEY OF SKAGIT COUNTY SHORT PLAT NO. 159-79, recorded February 3, 1993, in Volume 13 of Surveys, page 199, under Auditor's File No. 9302030091, records of Skagit County, Washington, being a portion of Tract 2, Skagit County Short Plat No. 159-79, approved May 6, 1980, and recorded May 12, 1980, in Volume 4 of Short Plats, page 86, under Auditor's File No. 8005120012, records of Skagit County, Washington; being a portion of the East Half of Section 33, Township 35 North, Range 5 East of the Willamette Meridian.

PARCEL B:

An easement 100 feet in width for ingress, egress, and utilities over and across Section 33, Township 35 North, Range 5 East of the Willamette Meridian, the centerline of which is described as follows:

Beginning at the East Quarter corner of said Section 33; thence South $89^{\circ}25'29''$ West along the East/West centerline of said Section 33 a distance of 1,000.00 feet; thence South $03^{\circ}00'16''$ West a distance of 505 feet, more or less, to a point on the North line of the county road known as the Old Day Creek Road, said point also being the point of beginning of herein described centerline; thence North $03^{\circ}00'16''$ East a distance of 505 feet, more or less, to the East/West centerline of said Section 33; thence continuing North $03^{\circ}00'16''$ East a distance of 250.43 feet; thence North $89^{\circ}25'29''$ East parallel with said East/West centerline of said Section 33 a distance of 329.32 feet; thence North $00^{\circ}33'37''$ East a distance of 740.00 feet; thence South $89^{\circ}25'29''$ West a distance of 749.32 feet; thence South $00^{\circ}33'37''$ West a distance of 740.00 feet; thence North $89^{\circ}25'29''$ East a distance of 420.00 feet to the terminus of herein described centerline.

ALL situated in Skagit County, Washington.

- END OF EXHIBIT "A" -

- END OF EXHIBIT "A" -

9705090099

BK1660PG0571

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-048640

DATE ISSUED: 10/16/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID

LAST NAME(S): WHEELER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 05, 2024

HOUR OF DEATH: 05:05 AM

SEX: MALE

AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SACRAMENTO, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARY MILLIS

OCCUPATION: SALES - RETAIL

INDUSTRY: CONSTRUCTION - PLUMBING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: MARY WHEELER

RELATIONSHIP: WIFE

ADDRESS: 11525 PANORAMA DRIVE, SEDRO-WOOLLEY, WA, 98284

CAUSE OF DEATH:

A: STAGE 4 METASTATIC LUNG CANCER

INTERVAL: UNKNOWN

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASES TO BONE AND BRAIN

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: 11525 PANORAMA DR 16

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284-7976

RESIDENCE STREET: 11525 PANORAMA DR 16

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-7976

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER: FRED WHEELER

MOTHER: WINIFRIED [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 08, 2024

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: MICHAEL W. RYAN

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: OCTOBER 07, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: OCTOBER 08, 2024



Affidavit for Correction

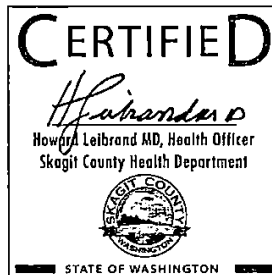
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 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(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
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 forgoing 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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