

When recorded return to:

DAVID H. COLLINGWOOD
17611 Shaylce Place
Mount Vern1066700on, WA 98274

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20253740
Date 11/17/2025

AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)

GRANTOR: **SHERRIE J. COLLINGWOOD, now deceased**

GRANTEE: **DAVID H. COLLINGWOOD, surviving spouse**

LEGAL DESCRIPTION: Lot 11, Plat of Little Mountain Estates Division II

**ASSESSOR'S PROPERTY TAX
PARCEL OR ACCOUNT NO.** 4562-000-011-0000 / P100719

**REFERENCE NOS. OF
DOCUMENTS ASSIGNED
OR RELEASED:** N/A

DAVID H. COLLINGWOOD, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed in the section entitled Heirs at Law below, to the real property described below, and is the surviving spouse of **SHERRIE J. COLLINGWOOD** who died on March 1, 2025, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as Exhibit "A."

Real Property Description

See Exhibit "B" attached hereto and incorporated herein by this reference.

Status of Will

Decedent also left a Last Will and Testament in favor of the surviving spouse, which has not been probated or revoked, a copy of which is attached as Exhibit "C".

Heirs At Law

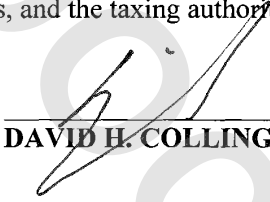
Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
David H. Collingwood 17611 Shaylce Place Mount Vernon, WA 98273	Adult	Surviving Spouse
Brooke L. Protsman 23619 Gaven Drive Mount Vernon, WA 98274	Adult	Daughter
Matthew R. Brady 11037 East Villa Monte Drive Mukilteo, WA 98275	Adult	Son

The Affiant states of her own knowledge that each of the obligations of the Estate of SHERRIE J. COLLINGWOOD, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, income tax, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities.

DATED this 13th day of November, 2025.

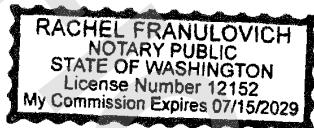


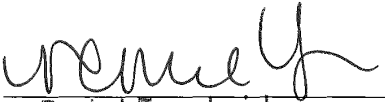
DAVID H. COLLINGWOOD, Affiant

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that **DAVID H. COLLINGWOOD**, is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated this 13th day of November, 2025.





Rachel Franulovich, Notary Public
My appointment expires 7-15-2029

Exhibit "A"
Death Certificate

Exhibit "A"
Death Certificate

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-011049

DATE ISSUED: 03/05/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): SHERRIE JEAN
LAST NAME(S): COLLINGWOODCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 01, 2025
HOUR OF DEATH: 06:39 AM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: AUBURN, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID COLLINGWOODOCCUPATION: NURSE - REGISTERED
INDUSTRY: MEDICAL - HOSPITAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NOINFORMANT: DAVID COLLINGWOOD
RELATIONSHIP: HUSBAND
ADDRESS: 17611 SHALYCE PLACE, MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: UNKNOWN
B: CARDIOVASCULAR DISEASE
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 17611 SHALYCE PL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-7786RESIDENCE STREET: 17611 SHALYCE PL
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-7786
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARSFATHER: WALTER GOLDSBERRY
MOTHER: BETTY [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 07, 2025

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: SARÁ E. PERRYMANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: L SLOANE WINKES, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: MARCH 03, 2025CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: MARCH 05, 2025

Affidavit for Correction

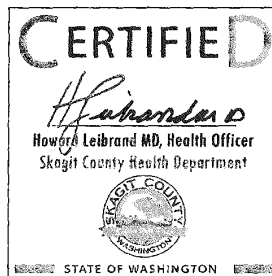
11/17/2025 10:23 AM Page 6 of 12

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				
Required	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) 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 ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____			
	7. Return Mailing Address: P.O. 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:				
• 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.				
• 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.



0 7 1 8 5 8 2 1

Exhibit “B” Legal Description

Lot 11, “PLAT OF LITTLE MOUNTAIN ESTATES DIVISION II”, as per plat recorded in Volume 14 of Plats, page 197, records of Skagit County, Washington

Situate in the County of Skagit, State of Washington.

Exhibit "C"
Last Will and Testament of SHERRIE J.
COLLINGWOOD

Exhibit "C"
Last Will and Testament of SHERRIE J. COLLINGWOOD

LAST WILL AND TESTAMENT

OF:

SHERRIE COLLINGWOOD

KNOW ALL MEN BY THESE PRESENTS:

That I, SHERRIE COLLINGWOOD, a resident of Skagit County, Washington, and being of sound and disposing mind and memory, and not acting under menace, fraud, duress or the undue influence of any person whomsoever, but being mindful of the uncertainty of life and desiring to make testamentary disposition of all my property and estate at the time of my death, do hereby make, publish and declare this my Last Will and Testament in the manner following:

FIRST:

I direct that my Personal Representative, hereinafter named pay all of my just debts, including my funeral expenses and the expense of my last illness, and that he pay all such from the first monies coming into his hands from my estate.

SECOND:

My immediate family consists of: my husband, David Collingwood, and my two children by a previous marriage, Matthew R. Brady and Brooke L. Protsman.

THIRD:

I hereby leave my entire estate to my husband and leave nothing to my children Matthew R. Brady and Brooke L. Protsman, or any other child or children later born to or adopted by me.

This Will is made in the performance of a contract hereto made by and between myself and DAVID COLLINGWOOD, my husband, by the terms of which each of us agreed with the other to make and execute our Wills, and by the further terms of which we and each of us contracted and agreed that we or either of us would not revoke this Will or any part thereof without the written consent of the other. We further agree that upon the death of either of us the Wills shall become irrevocable.

SC

In the event that I should survive my husband, DAVID COLLINGWOOD, or we die within a month of each other, I hereby give, devise and bequeath all of my said estate as follows:

- 1) MATTHEW BRADY 50%;
- 2) BROOKE L. PROTSMAN 50%;

Other than as set forth herein I make no provision for any other persons.

FOURTH:

I hereby appoint my husband, DAVID COLLINGWOOD, to act as Personal Representative of my estate, to serve without bond, to have all of the powers granted by law to a Personal Representative under non-intervention Wills, with full power to sell, convey, pledge, mortgage and dispose of my entire estate without the intervention of any court. I hereby further provide that my estate shall be settled in the manner herein provided and stated and without the intervention of any court except to probate this Will, to file an inventory of all property of said estate, give the required notice to creditors and to the State Board or person having charge of the collection of inheritance tax, if any, and to make the settlement required by law.

FIFTH:

In the event that my husband, DAVID COLLINGWOOD, is unable to serve as Personal Representative of my estate, I direct that MATTHEW BRADY and BROOKE L. PROTSMAN, shall be the Personal Representatives of my estate. I direct that they serve without bond and without the intervention of any court as provided by law and with the powers stated in Paragraph "FOURTH", above.

SIXTH:

I hereby give, devise and bequeath all personal property becomes a part of the total estate to be divided among heirs listed with corresponding percentages except the items listed below:

- 1) All contents of my husband's, David Collingwood, woodworking shop, including all machinery, hand tools, and lumber shall be given to KENNETH GOLDSBERRY.
- 2) All contents of my husband's, David Collingwood, office at the University of Washington shall be given to the University of Washington's Math Department to do with as they see fit.

SC

SEVENTH:

I hereby revoke any and all Wills by me made and declare this to be my Last Will and Testament.

IN WITNESS WHEREOF, I, SHERRIE COLLINGWOOD, have hereunto set my hand on this 7 day of March 2023, and I have called Thomas E. Seguir and Kenneth A. Dahlstedt to attest this Will by witnessing my signature hereto and by signing their names hereto as attesting witnesses.

This Will consists of four (4) sheets of typewritten matter including the Affidavit of Subscribing Witnesses, and for the purpose of identification, I have initialed on each sheet on the margin thereof.

Sherrie Collingwood
SHERRIE COLLINGWOOD

ATTESTATION

We, Thomas E. Seguir and Kenneth A. Dahlstedt, residents of Skagit County, Washington, hereby certify that on this 7 day of MARCH, 2023, SHERRIE COLLINGWOOD, known to us, exhibited to us the foregoing instrument in writing which she then and there declared to be the SHERRIE COLLINGWOOD Last Will and Testament, consisting of four (4) sheets of typewritten matter and the testatrix then and there in our presence signed her name thereto; whereupon we, at her request, have signed our names thereto in the presence of each other and in the presence of the said testatrix and we hereby further attest that the signature of the said SHERRIE COLLINGWOOD to said Will is the true signature of said testatrix. We further certify that at the signing of this said Will, the said SHERRIE COLLINGWOOD was of sound mind and was not acting under duress or fraud.

Thomas E. Seguir
Residing at Bum WA
Kenneth A. Dahlstedt
Residing at Mount Vernon, WA.

SC

OF:

SHERRIE COLLINGWOOD

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

Each of the undersigned, being first duly sworn, on oath, deposes and says:

I reside in the County of Skagit, State of Washington, and am of full legal age. I am personally acquainted with the above named testatrix and make this affidavit at her request.

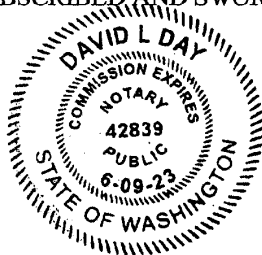
I am one of the subscribing witnesses to the foregoing Will. The said instrument was signed and executed by the said testatrix at Mount Vernon, Skagit County, Washington, on the date it bears, in my presence, and the said testatrix thereupon published the said instrument as, and declared the same to be her Last Will and Testament and requested me, in attestation thereof, to subscribe my name as a witness thereto.

I, then and there, in the presence of the said testatrix subscribed my name as a witness to the said instrument.

At the time of executing said instrument, the said testatrix was over the age of eighteen years and was of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation and was in all respects legally competent and qualified to make a Will.

John E. Sca
Kenneth A. Dahlstedt

SUBSCRIBED AND SWORN to before me this 7 day of MARCH, 2023.



1 Daniel L. Day
NOTARY PUBLIC for Washington.
Residing at: Off Vernon
My Commission Expires: 6-09-23

56