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03/19/2026 12:17 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.0777
MAR 19 2026

Amount Paid \$
Skagit Co. Treasurer
By Deputy

Grantor (Name of Decedent): WILLIAM R. SPARKS, JR.

Grantee (Heirs): CAROL N. SPARKS

Abbreviated Legal Description(s):

SW Quarter, Section 33, Township 35, Range 04

Tax Parcel No. (s): P62679/3867-000-055-2105

INHERITANCE LACK OF PROBATE

(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

The undersigned affiant, CAROL N. SPARKS being first duly sworn, executes this affidavit relating to the estate of WILLIAM R. SPARKS, JR. (herein "Decedent"), who died on November 22, 2025, in the County of Skagit, State of Washington, then being a resident of the City of Burlington, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am one of the rightful heirs to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
- (X) the lawful surviving spouse of the Decedent
- () Registered domestic partner of the Decedent
- () Surviving child of the Decedent
- () One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____.

Names of All Heirs of the Decedent

3. That all heirs at law of the decedent that were living at the time of decedent's death (all over the age of majority) are listed below:

"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 identified all heirs at law of the decedent:

Carol N. Sparks.

Relationship: wife

Address: 1715 Sunset Dr, Burlington WA 98233

Raymond E. Sparks

Relationship: son

Address:

Kimberly D. Moser

Relationship: daughter

Address:

Shannon L. Sparks

Relationship: daughter

Address:

Joseph L. Sparks

Relationship: son

Address:

Jared W. Sparks

Relationship: son

Address:

Kirk A. Sparks

Relationship: son

Address:

Affidavit RE: Lack of Probate – 2

Description of the Property

4. That the following real property was owned by the Decedent at the time of death, located in County of Skagit, State of Washington, and described as follows:

DK 12: BURLINGTON AC PTN E1/2 W1/2 TR 55 DAF BAT SE C OF E1/2 W1/2 OF TR 55 TH N 0-05-30 W ALG E LI OF W1/2 TR 55 40FT ST SD PT TPB TH S 89-24-20 W ON CTR LI WLY DIST OF 66.0FT TH N 0-05-30 W DIST OF 131.37FT TO S LI OF LT 32 SD PT BEING N LI OF TR 55 TH N 89-29-10 E 66.0FT TO NE C OF W1/2 TR 55 TH S 0-05-30 E 131.28FT TPOB

Assessor's Property Tax Parcel/Account Number: P62679/3867-000-055-2105

Physical address: 1715 Sunset Drive, Burlington WA 98233

Status of the Will (if any)

Decedent DID LEAVE A LAST WILL AND TESTAMENT which has not been probated or revoked. In addition, no probate is being filed, and no personal representative has been appointed for the estate. THAT affiant acknowledges, and so states, that each and all of the obligations against the estate of said decedent, if any, will be her responsibility to pay or provide for.

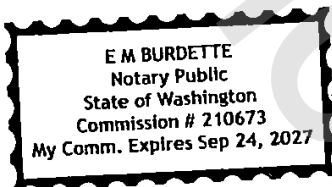
THAT affiant agrees that the ownership of the above described property shall be transferred to CAROL N. SPARKS. This affidavit is made pursuant to RCW 11.62.010.

Carol Norma Sparks
 Affiant's full name
(360) 610-2824
 Telephone number
1715 Sunset Drive
 Street
Burlington WA 98233
 City State Zip Code
Carol N Sparks 3-19-2026
 Signature Date

STATE OF WASHINGTON)
) SS.
County of Skagit)

On this day personally appeared before me CAROL N. SPARKS. to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 19th ^{March EB} day of ~~February~~, 2026.



EM Burdette
Notary Public in and for the State of Washington
Residing at: Burlington WA
My Commission expires: 9-24-2027

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-057823

LOCAL FILE NUMBER: 5429

DATE ISSUED: 11/25/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM RAYMOND

LAST NAME(S): SPARKS JR

AKA: BILL SPARKS

AKA:

AKA:

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: NOVEMBER 22, 2025

HOUR OF DEATH: 02:08 PM

SEX: MALE

AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE REGIONAL MED CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201-4147

RESIDENCE STREET: 1715 SUNSET DRIVE

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: [REDACTED]

BIRTHPLACE: BREMERTON, WASHINGTON

FATHER: WILLIAM RAYMOND SPARKS SR

MOTHER: FERNELE [REDACTED]

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CAROL NORMA HATHAWAY

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: SAXON CEMETERY

OCCUPATION: DRIVER - TRUCK

INDUSTRY: RETAIL - GROCERY STORE OR SUPERMARKET

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: ACME, WASHINGTON

DISPOSITION DATE: DECEMBER 13, 2025

FUNERAL FACILITY: LEMLEY CHAPEL

INFORMANT: NORMA SPARKS

RELATIONSHIP: WIFE

ADDRESS: 1715 SUNSET DRIVE, BURLINGTON, WA 98233

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE DUE TO NOSOCOMIAL PNEUMONIA

INTERVAL: 2 DAYS

B: COMPLICATIONS RELATED TO IMPLANTABLE CARDIOVERTER DEFIBRILLATOR POCKET INFECTION

INTERVAL: 3 WEEKS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PAROXYSMAL ATRIAL FIBRILLATION, CHRONIC HEART FAILURE WITH REDUCED EJECTION FRACTION

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: NOT APPLICABLE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: MICHAEL D. LIANG, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1700 13TH ST

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

DATE SIGNED: NOVEMBER 24, 2025

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: STEPHANIE ANDERSON

DATE RECEIVED: NOVEMBER 25, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

03/19/2026 12:07 PM Page 6 of 6
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	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) 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: 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 2nd parent (if required):
Printed name:	Printed name:
Date:	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.

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

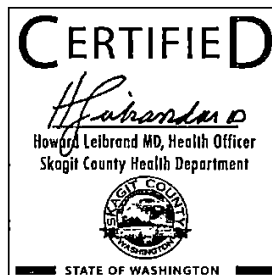
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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