



202604230018

04/23/2026 10:39 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.1208
APR 23 2026

Amount Paid \$ *2026.1208*
By Skagit Co. Treasurer
Deputy *CT*

Grantor (Name of Decedent): PHILIP L. BELISLE

Grantee (Heirs): JANEIE L. BELISLE

Abbreviated Legal Description(s):

SE Quarter, Section 01, Township 35, Range 04

Tax Parcel No. (s): P103715/350401-4-006-0200

INHERITANCE LACK OF PROBATE

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

The undersigned affiant, JANEIE L. BELISLE, being first duly sworn, executes this affidavit relating to the estate of PHILIP L. BELISLE (herein "Decedent"), who died on November 10, 2024, in the County of Skagit, State of Washington, then being a resident of the City of Sedro-Woolley, 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 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:

Name	Address	Age	Relationship
Janeie L. Belisle	23670 Hoogdal Rd Sedro-Woolley WA 98284	76	Wife
Raymond U. Belisle	23670 Hoogdal Rd Sedro-Woolley WA 98284	55	Son
Philip J. Belisle	23670 Hoogdal Rd Sedro-Woolley WA 98284	52	Son
David R. Belisle	13290 Bayview Rd Mount Vernon, WA 98273	50	Son

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:

SEE ATTACHED – EXHIBIT A

Assessor's Property Tax Parcel/Account Number: P103715/350401-4-006-0200
Physical address: 23670 Hoogdal Road, Sedro-Woolley, WA 98284

Affidavit RE: Lack of Probate – page 2

Status of the Will (if any)

Decedent DID ~~(DID NOT)~~ 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.

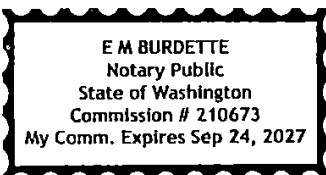
THAT affiant agrees that the ownership of the above described property shall be transferred to JANEIE L. BELISLE. This affidavit is made pursuant to RCW 11.62.010.

Janeie Louise Belisle
 Affiant's full name
(360) 854-0557
 Telephone number
23670 Hoagdal Rd
 Street
Sedro Woolley WA 98284
 City State Zip Code
Janeie L. Belisle 4-22-26
 Signature Date

STATE OF WASHINGTON)
) SS.
 County of SKAGIT)

On this day personally appeared before me JANEIE L. BELISLE, Personal Representative for the Estate of PHILIP L. BELISLE, 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 22 day of April, 2026.



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

EXHIBIT A

(5.1400 ac)(TITLE ELIMINATION AF#200606060036 FOR MANUFACTURED HOME 1990 FLEETWOOD 66X28 VIN#WAFLL31A09039SW) THAT PORTION OF LOTS A AND B OF SHORT PLAT NO 45-85, RECORDED JANUARY 14, 1986, IN VOLUME 7 OF SHORT PLATS, PAGE 66, UNDER AF#8601140031; BEING A PORTION OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT B; THENCE NORTH 89 DEGREES 15'23" EAST ALONG THE SOUTH LINE OF SAID LOT B FOR A DISTANCE OF 267.67 FEET; THENCE NORTH 04 DEGREES 16'08" EAST A DISTANCE OF 881.05 FEET TO THE NORTH LINE OF LOT A OF SAID SHORT PLAT; THENCE SOUTH 73 DEGREES 40'00" WEST ALONG THE NORTH LINE OF SAID LOT A FOR A DISTANCE OF 266.58 FEET TO THE NORTHWEST CORNER OF SAID LOT A; THENCE SOUTH 05 DEGREES 28'42" WEST FOR A DISTANCE OF 843.13 FEET TO THE TRUE POINT OF BEGINNING.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-055123

DATE ISSUED: 04/11/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): PHILIP LAWRENCE
LAST NAME(S): BELISLECOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 10, 2024
HOUR OF DEATH: 05:35 AM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: ST. JOHN, NDMARITAL STATUS: MARRIED
SURVIVING SPOUSE: JANEIE MCGEEOCCUPATION: EQUIPMENT OPERATOR
INDUSTRY: GOVERNMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: JANEIE BELISLE
RELATIONSHIP: WIFE
ADDRESS: 23670 HOOGDAL ROAD, SEDRO-WOOLLEY, WA, 98284CAUSE OF DEATH:
A: CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY
INTERVAL: 19 MONTHSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC ASPIRATION
RELATED TO DYSPHAGIADATE 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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 400 GILKEY ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 23670 HOOGDAL RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-7866
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARSFATHER: RAYMOND BELISLE
MOTHER: LUCILLE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 14, 2024

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: NOT APPLICABLECERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 12, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: NOVEMBER 13, 2024

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

04/23/2026 10:39 AM
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

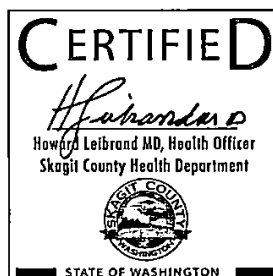
STATE OFFICE USE ONLY

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:
	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 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 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:				
• 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.				
*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.				
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.				
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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