

After recording, return to:  
Carla Cieslar  
1660 S Walnut St #427  
Burlington, WA 98233

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 05/20/2026

Grantor (Name of Decedent): Keith Cieslar  
Grantee (Heirs): Carla Kay Cieslar  
Abbreviated Legal Description: LT 110, PLAT OF NOOKACHAMP HILLS PUD PHASE IIA  
Tax Parcel No.(s): P120790 / 4821-000-110-0000 Chicago Title  
620061207

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington  
COUNTY OF Skagit

The undersigned, Carla Kay Cieslar, executes this affidavit relating to the estate of Keith Cieslar (herein "Decedent"), who died on June 13 2025, in the County of Skagit, State of Washington, then being a resident of the City of MantVernon, 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 a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- ☒ 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 \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.  
☐ other (identify): \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Carla Kay Cieslar - spouse  
 Name and relationship: \_\_\_\_\_  
 Name and relationship: \_\_\_\_\_  
 Name and relationship: \_\_\_\_\_

**Description of the Property**

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

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**5. Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☒ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Carla Cieslar  
 Signature

Carla Cieslar  
 Print Name

State of Washington  
 County of Skagit

This record was acknowledged before me on 5/11/2026 by  
Carla Kay Cieslar

[Signature]  
 (Signature of Notary public)  
 Notary Public in and for the State of Washington  
 My commission expires: 9-07-26

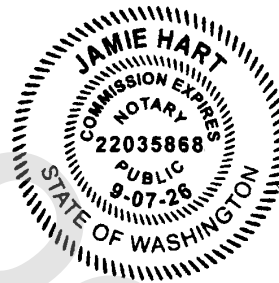


**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P120790 / 4821-000-110-0000**

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LOT 110, PLAT OF NOOKACHAMP HILLS PUD PHASE IIA, AS PER PLAT RECORDED  
SEPTEMBER 15, 2003 UNDER AUDITORS FILE NO. 200309150157, RECORDS OF SKAGIT  
COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-030020

DATE ISSUED: 06/18/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KEITH  
LAST NAME(S): CIESLAR

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 13, 2025

HOUR OF DEATH: 10:02 PM

SEX: MALE

AGE: 77 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CARLA BEEBE

OCCUPATION: CLERICAL/CLERK

INDUSTRY: GOVERNMENT

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: CARLA CIESLAR

RELATIONSHIP: WIFE

ADDRESS: 16989 SOCKEYE DRIVE, MOUNT VERNON, WA, 98274

CAUSE OF DEATH:

A: METASTATIC LUNG CANCER

INTERVAL: 3 YEARS

B:

INTERVAL:

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: 16989 SOCKEYE DR

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-9152

RESIDENCE STREET: 16989 SOCKEYE DR

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-9152

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: PAUL CIESLAR

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 17, 2025

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: HELEANA FOLEY

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

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 16, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: JUNE 17, 2025

# Affidavit for Correction

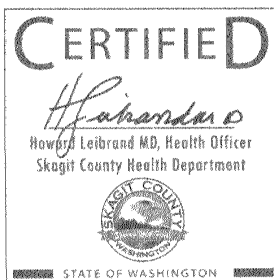
202605200011

Mail to: Center for Health Statistics  
05/20/2026 08:52 AM Page 5 of 5  
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   |
| <b>Required information must match current information on record</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                   |                                                                                                                                                                                                                                                                     |                    |
| 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<br><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:                                                                                                                                                                                                                                                      |                    |
| ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                   |                                                                                                                                                                                                                                                                     |                    |
| <b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                   |                                                                                                                                                                                                                                                                     |                    |
| The record currently shows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                   | The true fact is:                                                                                                                                                                                                                                                   |                    |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                   | 9.                                                                                                                                                                                                                                                                  |                    |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                   | 11.                                                                                                                                                                                                                                                                 |                    |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                   | 13.                                                                                                                                                                                                                                                                 |                    |
| <b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                   |                                                                                                                                                                                                                                                                     |                    |
| 14a. Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                   | 14b. Signature of 2nd parent (if required):                                                                                                                                                                                                                         |                    |
| Printed name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                   | Printed name:                                                                                                                                                                                                                                                       |                    |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                   | Date:                                                                                                                                                                                                                                                               |                    |
| <b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                   |                                                                                                                                                                                                                                                                     |                    |
| 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"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul> <b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                   |                                                                                                                                                                                                                                                                     |                    |
| <b>Birth Certificates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                   |                                                                                                                                                                                                                                                                     |                    |
| 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.<br>2. <b>The proof(s) must match</b> 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.<br>3. Proof documentation must be five or more years old or established within five years of birth.<br>4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                   |                                                                                                                                                                                                                                                                     |                    |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> </div> <div> <b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul> </div> </div> |            |                   |                                                                                                                                                                                                                                                                     |                    |
| *To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                   |                                                                                                                                                                                                                                                                     |                    |
| <b>Death Certificates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                   |                                                                                                                                                                                                                                                                     |                    |
| 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.<br>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                   |                                                                                                                                                                                                                                                                     |                    |
| <b>Marriage/Dissolution (Divorce) Certificates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                   |                                                                                                                                                                                                                                                                     |                    |
| 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.<br>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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