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05/20/2026 10:55 AM Pages: 1 of 5 Fees: \$307.50
Skagit County AuditorSKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20261498

MAY 20 2026

Amount Paid \$0
By Skagit Co. Treasurer
Deputy

Return Address:

AFFIDAVIT (LACK OF PROBATE)The undersigned affiant/grantee Rebecca McDonald, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Spouse*Relationship to decedent*of Steven McDonald*Decedent/Grantor*, who died on Apr 1, 2026*Date*at Bellingham*City*Whatcom*County*WA*State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

(.2100 ac) Lot 33, Plat of Summer Meadows,
According to the Plat thereof, Recorded in Volume
15 of Plats, Pages 176 through 178, Records of
Skagit County, WA

Assessor's Property Tax Parcel/Account Number: P10707

(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Rebecca LeAnn McDonald, 52, spouse, 912

Presidio Pl, Seacro Woolley, WA 98284

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

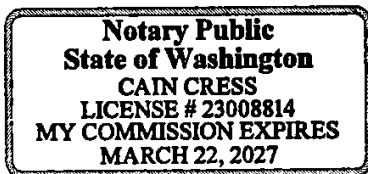
Dated: May 20, 2026Rebecca LeAnn McDonald
Affiant's full name360-473-7497
Telephone number912 Presidio Pl

<u>Sedro Woolley</u>	<u>WA</u>	<u>98284</u>
City	State	Zip Code

<u>[Signature]</u>	<u>5-20-2026</u>
Signature	Date

State of Washington County of SkagitI know or have satisfactory evidence that Rebecca LeAnn McDonald
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 5 / 20 / 26[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mount VernonNotary Public in and for the State of WAMy appointment expires: 3 / 27

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-015941

DATE ISSUED: 04/08/2026

FEE NUMBER: 39635

FIRST AND MIDDLE NAME(S): STEVEN A

LAST NAME(S): MCDONALD

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: APRIL 01, 2026

HOUR OF DEATH: 12:05 AM

SEX: MALE AGE: 53 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: EVERETT, WASHINGTON

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: REBECCA LUDWIG

OCCUPATION: HOMEMAKER

INDUSTRY: HOME/PRIVATE HOUSEHOLD

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: REBECCA MCDONALD

RELATIONSHIP: WIFE

ADDRESS: 912 PRESIDIO PL SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: HEPATORENAL SYNDROME

INTERVAL: 8 DAYS

B: ADVANCED LIVER DISEASE

INTERVAL: 2 YEARS

C: ALCOHOL USE DISORDER

INTERVAL: YEARS

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: HOSPICE FACILITY

FACILITY OR ADDRESS: 2806 DOUGLAS AVE

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

RESIDENCE STREET: 912 PRESIDIO PL

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

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: RONALD L MCDONALD

MOTHER: MARILYN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGREEN CREMATION

CITY, STATE: OAK HARBOR, WASHINGTON

DISPOSITION DATE: APRIL 07, 2026

FUNERAL FACILITY: GILLIES FUNERAL HOME INC

ADDRESS: 202 FRONT ST

CITY, STATE, ZIP: LYNDEN, WASHINGTON 98264

FUNERAL DIRECTOR: MYLON D. SMITH

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: DARRELL A. OWENS, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 2800 AND 2806 DOUGLAS

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: APRIL 01, 2026

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN

DATE RECEIVED: APRIL 03, 2026

**Affidavit for Correction**

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 foregoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2nd parent (if required): Printed name: Date:
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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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Amy Harley, Health Officer.

Amy Harley



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