

Return Address:

Land Title and Escrow
PO Box 445
Burlington WA 98233

State of Washington

County of Skagit

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20261955
Date 06/23/2026

Land Title and Escrow Order #60041508-351

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared **Laura Ann Welch**
_____, Affiant(s), being by me first duly sworn upon
his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Dennis Gregory Welch
3. The decedent died on 12/22/24 (date) at Mount Vernon (City), Skagit (County),
WA (State).
4. My/Our relationship to the decedent is as follows:
Spouse
5. I am / We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or ✓ Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)
Abbreviated legal: Lot 3, "MADDOX CREEK P.U.D. PHASE 1"
Tax ID Number: 4681-000-003-0000/P109308
8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.

9. The deceased is survived by the following heirs:

<u>Laura Ann Welch</u>	<u>64</u>	<u>Wife</u>
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

Laura A Welch
Affiant's Signature

Laura A Welch
Printed Name of Affiant

3216 Shelley Hill Rd
Mount Vernon WA 98274
Address

State of: Washington

County of: Skagit

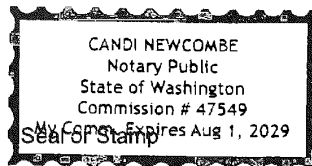
I certify that I know or have satisfactory evidence that Laura Welch is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 6/17/26

Candi Newcombe
Signature

Notary Public
Title

My appointment expires: 8/1/29



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-062498

DATE ISSUED: 12/24/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENNIS GREGORY

LAST NAME(S): WELCH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 22, 2024

HOUR OF DEATH: 09:54 AM

SEX: MALE

AGE: 77 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LAURA MARIONI

OCCUPATION: CARPENTER

INDUSTRY: CONSTRUCTION - GENERAL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: LAURA WELCH

RELATIONSHIP: WIFE

ADDRESS: 3216 SHELLY HILL ROAD, MOUNT VERNON, WA, 98274

CAUSE OF DEATH:

A: MYELODYSPLASTIC SYNDROME

INTERVAL: 6 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ASPERGILLOSIS,
PANCYTOPENIA WITH SEVERE NEUTROPENIA,

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: 3216 SHELLY HILL RD

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-6134

RESIDENCE STREET: 3216 SHELLY HILL RD

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-6134

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: LOUIS WELCH

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 24, 2024

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: MICHAEL W. RYAN

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: DECEMBER 23, 2024

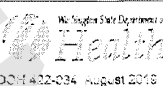
CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

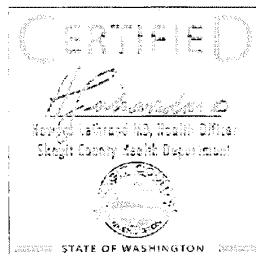
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: DECEMBER 24, 2024

 Affidavit for Correction This is a legal document. Complete in ink and do not alter.		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
STATE OFFICE USE ONLY			
State File Number:	Fee Number:	Initials:	Date:
Required information must match current information on record			
Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)			
1. Name on Record:		2. Date of Event:	3. Place of Event:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution):		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution):	
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:			
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 facts:	
8.		9.	
10.		11.	
12.		13.	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.			
14a. Signature:		14b. Signature of 2nd 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 this 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 Number 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 discharge birth certificate as proof documentation.			
Birth Certificates 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (18 or older) may change the birth certificate. 2. The proof(s) must match the asserted fact(s). For example, if this 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 parent's 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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EXHIBIT "A"

Lot 3, "MADDOX CREEK P.U.D. PHASE 1," as per plat recorded in Volume 16 of Plats, pages 121 through 130, inclusive, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.