



**202607090036**

07/09/2026 12:03 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

**When recorded return to:**  
Wayne Matthewson  
PO Box 721  
Mt Vernon, WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026 2148  
JUL 09 2026

Amount Paid \$  
Skagit Co. Treasurer  
By *Bm* Deputy

**Document Title(s) or transactions contained herein:**

Lack of Probate Affidavit

**Reference Number(s) of related documents:**

There is no reference number assigned or released

**GRANTOR(S):**

WAYNE D. MATTHEWSON, surviving spouse of DAWN MATTHEWSON, deceased

**GRANTEE(S):**

WAYNE D. MATTHEWSON, a single man, as his separate estate

**Legal Description:**

LOT 4, "PLAT OF PARK RIDGE DIVISION 1," AS PER PLAT RECORDED IN  
VOLUME 15 OF PLATS, PAGES 112 AND 113, RECORDS OF SKAGIT COUNTY,  
WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

**Assessor's Property Tax Parcel/Account Number(s) at the time of recording:**

P104183 / XrefID 4611-000-004-0003

**LACK OF PROBATE AFFIDAVIT – COMMUNITY PROPERTY**

The undersigned affiant/grantee, WAYNE D. MATTHEWSON, being first duly sworn, declares as follows:

**Status.** I am the surviving spouse and rightful heir of DAWN MATTHEWSON, who died on June 8, 2026 at Mount Vernon, Skagit County, Washington. A copy of her Death Certificate is attached to this Affidavit.

*"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.*

**All other heirs of the decedent living at the time of the decedent's death**

1. Full name: Erin M. Matthewson  
Address: Unknown  
Relationship: Child  
Age: Adult
2. Full name: Colin W. Matthewson  
Address: Unknown  
Relationship: Child  
Age: Adult

**Decedent's Will & Probate**

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

**Legal Description(s) of Real Property Subject to the Affidavit.** Decedent left a community interest in the following real property as community property, described as follows:

LOT 4, "PLAT OF PARK RIDGE DIVISION 1," AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 112 AND 113, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Subject to: This conveyance is subject to the covenants, conditions, restrictions, and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

**Assessor's Property Tax Parcel/Account Number(s) at the time of recording:**

P104183 / XrefID 4611-000-004-0003

Commonly known as 909 South 38<sup>th</sup> Place, Mount Vernon, WA 98274

**Character and Value of Decedent's Estate.** The approximate value of Decedent's estate at death is as follows:

| Property                    | Approximate Value |
|-----------------------------|-------------------|
| One-half share of community | \$702,500         |

**Decedent's Debts & Expenses**

- ☒ All the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid or otherwise provided for.

**Washington Estate Tax**

- ☒ Decedent's estate was not liable for Washington estate tax.

**Federal Estate Tax**

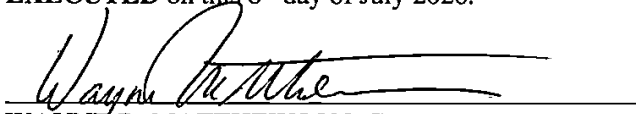
- ☒ Decedent's estate was not liable for federal estate tax.

**Washington Assistance**

- ☒ Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

**Purpose of Affidavit.** I am making this Affidavit to induce Skagit County Assessor's Office, in reliance on the representations made in this Affidavit, to remove decedent's name from the real property passing to me, as the surviving spouse of DAWN MATTHEWSON, because the real property was Decedent's and my community property.

**EXECUTED** on this 8<sup>th</sup> day of July 2026.

  
WAYNE D. MATTHEWSON, Grantor

STATE OF WASHINGTON

)

)

ss.

COUNTY OF WHATCOM

)

On this 8<sup>th</sup> day of July 2026, I certify that I know or have satisfactory evidence that WAYNE D. MATTHEWSON is the person who appeared before me and that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.



A handwritten signature in black ink, appearing to read "Selina Tate", written over a horizontal line.

NOTARY PUBLIC for the State of Washington  
My Commission expires: January 2, 2028

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-028225

DATE ISSUED: 06/12/2026

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAWN ANNA JUSTINA  
LAST NAME(S): MATTHEWSONCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 08, 2026  
HOUR OF DEATH: UNKNOWN  
SEX: FEMALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 909 S 38TH PL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-8719RESIDENCE STREET: 909 S 38TH PL  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8719  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARSHISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: DETROIT, MICHIGANFATHER: DONALD LAWRENCE WATTE  
MOTHER: MARIANNE LEONIE [REDACTED]MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: WAYNE MATTHEWSONMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYOCCUPATION: TEACHER/INSTRUCTORS - OTHER  
INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NOCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JUNE 11, 2026INFORMANT: WAYNE MATTHEWSON  
RELATIONSHIP: HUSBAND  
ADDRESS: 909 SOUTH 38TH PL, MOUNT VERNON, WA, 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: HELEANA FOLEYCAUSE OF DEATH:  
A: UNKNOWN, POSSIBLE STROKE OR HEART ATTACK  
INTERVAL: 15 MINUTES  
B: DIABETES TYPE 2  
INTERVAL: 10 YEARSC:  
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

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 APPLICABLECERTIFIER NAME: JEREMY GINOZA, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1415 E KINCAID  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JUNE 10, 2026CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: JUNE 11, 2026



# Affidavit for Correction

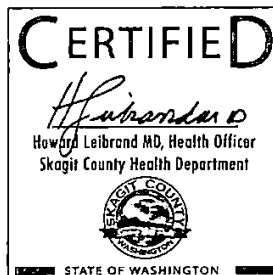
Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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   |
| <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 Last/Maiden |
| 6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                             |                                                                         |                    |
| Person on Record: <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 foregoing is true and correct.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                             |                                                                         |                    |
| 14a. Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | 14b. Signature of 2nd parent (if required): |                                                                         |                    |
| Printed name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Date:                                       | Printed name:                                                           | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                             |                                                                         |                    |
| 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                             |                                                                         |                    |
| <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> |            |                                             |                                                                         |                    |
| *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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                             |                                                                         |                    |
| <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>                                                                                                                                                                                                                |            |                                             |                                                                         |                    |
| <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.                                                                                                                                                                                                                                         |            |                                             |                                                                         |                    |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                             |                                                                         |                    |
| 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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