

Return Address:

Guardian Northwest Title & Escrow

1301 Riverside Drive, Suite B

Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/21/2026

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Scott Coleman, 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 Son*Relationship to decedent*of Lela Coleman, who died on November 13, 2020
Decedent/Grantor *Date*at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 14, Plat of Spinnaker Cove
division 2Assessor's Property Tax Parcel/Account Number: P122911 / 4859-000-014-0000
(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 _____)

Steven Coleman (now deceased), Husband, 1516 N. 43rd Place Mount Vernon, WA 98273

Full name, age, relationship, address

Scott Coleman, 57, Son, 1250 Grassy Field Rd Austin, TX 78737

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: 7/15/26

Scott Coleman

Affiant's full name

512-296-7268

Telephone number

1250 Grassy Field Road

Austin

Street
TX

78737

City

State

Zip Code

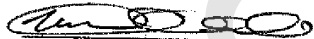
Signature

7/15/26

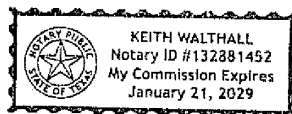
Date

State of TEXASCounty of HAYSI know or have satisfactory evidence that Scott Coleman
(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: 7/15/26

Signature of Notary Public

(SEAL OR
STAMP)Residing at: TRAVIS CO.Notary Public in and for the State of TEXASMy appointment expires: 1/21/2029

This form is an example of an affidavit that can be used, however it may not fulfill all needs and other versions are acceptable. Please see full text of bill below.

- (1) In order to receive an exemption under RCW 82.45.010(3)(a) from the tax in this chapter on real property transferred as a result of a devise by will or inheritance the following documentation must be provided to the county treasurer:
- (a) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
 - (b) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of that portion of the trust instrument showing the authority of the grantor;
 - (c) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator;
 - (d) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate;
 - (e) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
 - (f) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property;
 - (g) If the real property is transferred to one or more heirs by operation of law, or transferred under a will that has not been probated, but absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit affirming that the affiant or affiants are the sole and rightful heirs to the property;
 - (h) When real property is transferred as described in (g) of this subsection (1) and the decedent-transferor had also inherited the property from his or her spouse or domestic partner but never transferred title to the property into the decedent-transferor's name, the transferee or transferees must provide: (i) A certified copy of the death certificates for the decedent-transferor and the spouse or domestic partner from whom the decedent-transferor inherited the real property; and (ii) a lack of probate affidavit affirming that the affiant or affiants are the rightful heirs to the property; or
 - (i) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate.
- (2) The documentation provided to the county treasurer under this section must also be recorded with the county auditor.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
- (a) "Heir" has the same meaning as provided in RCW 11.02.005;
 - (b) "Lack of probate affidavit" means a signed and notarized document declaring that the affiant or affiants are the rightful heir or heirs to the property and containing the following information:
 - (i) The names of the affiant or affiants;
 - (ii) The relationship of the affiant or affiants to the decedent;
 - (iii) The names of all other heirs of the decedent living at the time of the decedent's death;
 - (iv) A description of the real property;
 - (v) Whether the decedent left a will that includes a devise of real property; and
 - (vi) Any other information the department may require.

Print as many page two's as you need to account for all Heirs.

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

EXHIBIT A

Lot 14, PLAT OF SPINNAKER COVE DIVISION 2, as per plat recorded as Auditor's File No. 200505180106, records of Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-052988

DATE ISSUED: 11/18/2020
FEE NUMBER: 1706064FIRST AND MIDDLE NAME(S): LELA ANN
LAST NAME(S): COLEMANCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 13, 2020
HOUR OF DEATH: 03:40 PM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: TEXARKANA, ARMARITAL STATUS: MARRIED
SURVIVING SPOUSE: STEVEN LAURENCE COLEMANOCCUPATION: MEDICAL TECHNOLOGIST
INDUSTRY: MEDICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: STEVEN LAURENCE COLEMAN
RELATIONSHIP: HUSBAND
ADDRESS: 1516 N 43RD PLACE MOUNT VERNON, WA 98273CAUSE OF DEATH:
A: SEPSIS
INTERVAL: 28 DAYS
B: PANCREATITIS
INTERVAL: 28 DAYS
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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 1516 N 43RD PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARSFATHER: RAYMOND TIDWELL
MOTHER: CLARISE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 17, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: MANUELA A. BARBERMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: NOVEMBER 16, 2020CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ALLEN JOHNSON, MDLOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: NOVEMBER 17, 2020



DOH 422-034 August 2019

Affidavit for Correction

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Public 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
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Required information must match current information on record

Required	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	First Middle Last	MM/DD/YYYY	(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First Middle Last/Maiden	First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to ☐ 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:		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 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Adult (18 years or older)

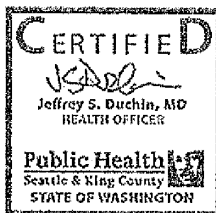
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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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