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09/21/2026 02:39 PM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor

WHEN RECORDED RETURN TO:

Ms. Margaret Myers
9318 Prospect Street
Sedro Wooley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.3103
SEP 21 2026

Amount Paid \$0
Skagit Co. Treasurer
By  Deputy

AFFIDAVIT RE: LACK OF PROBATE

STATE OF WASHINGTON)
) ss.
County of Snohomish)

Margaret F. Myers, being first duly sworn upon oath, deposes and states:

THAT affiant is the surviving spouse of William M. Myers, who died at Bellingham, Washington on the 7th day of May, 2026. A copy of the death certificate is attached and marked Exhibit "A".

THAT the decedent died without a will.

THAT the decedent's estate has not been probated.

THAT the creditors of the decedent (and the former marital community) have been paid in full or provided for, including all expenses of funeral or last illness.

THAT decedent's community and separate estate as of the date of death was exempt from state and/or federal estate or inheritance taxes.

Among the items of community property was the following described real estate:

Lot 10, MOUNTAIN VISTA ADDITION, according to the plat thereof recorded in Volume 7 of Plats, page 65, records of Skagit County, Washington.

Assessor's Parcel No.: P67643 / 3960-000-001-0000

THAT affiant is the sole heir of the decedent under the statutes of the State of Washington concerning intestate succession as the real estate was the community property of the parties.

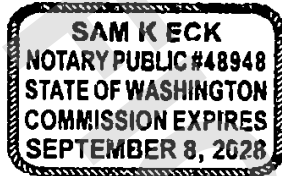
THAT additional heirs at law of the decedent and their relationship to decedent (*notwithstanding that title deriving from decedent's death will not vest in any of them*) are as follows:

Name:	Relationship:
Erin Myers	Daughter
Kevin Myers	Son
Stephanie Rost	Daughter

It is intended that the representations set forth herein may be relied upon by anyone dealing with the above real property in order to pass title to the surviving spouse by virtue of the laws of the State of Washington concerning succession and descent.

Margaret F. Myers
Margaret Frances Myers

SUBSCRIBED AND SWORN to before me this 14th day of September, 2026.



Sam K Eck
Notary Public for the State of
Washington, residing at Sam K Eck 4/4
My commission expires 9/8/28

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-022439

DATE ISSUED: 05/11/2026

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): WILLIAM MICHAEL

LAST NAME(S): MYERS

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: MAY 07, 2026

HOUR OF DEATH: 09:25 AM

SEX: MALE AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARGARET VANGEL

OCCUPATION: TRAINING INSTRUCTOR

INDUSTRY: AERONAUTICS

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: MEG MYERS

RELATIONSHIP: WIFE

ADDRESS: 9318 PROSPECT ST, SEDRO-WOOLLEY WA 98284

CAUSE OF DEATH:

A: E COLIC BACTEREMIA

INTERVAL: 3 DAYS

B: PERFORATED SIGMOID COLON

INTERVAL: 5 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: PEACEHEALTH ST JOSEPH HOSPITAL

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225-1898

RESIDENCE STREET: 9318 PROSPECT ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-8030

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: FRED MYERS

MOTHER: TERESA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SAFE HARBOR FUNERAL SERVICE

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: MAY 13, 2026

FUNERAL FACILITY: WHATCOM CREMATION AND FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

FUNERAL DIRECTOR: JEFFREY A. LAUGENOUR

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: KEVIN S. LEE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: MAY 08, 2026

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN

DATE RECEIVED: MAY 08, 2026



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	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: 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:	14b. Signature of 2 nd 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

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.

*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.

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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