202610050049
10/05/2026 11:51 AM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

Return Address:

Patricia Vandlac
c/o Ronald Vandlac
24948 SW Ladd Hill Rd
Sherwood, OR 97140
26-26860-km

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 10/05/2026

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Patricia Vandlac (Name of Affiant), being first duly sworn Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real Property described below, as is spouse (Relationship to Decedent) of Donald Lee Vandlac (Decedent Grantor) who died on 2/4/26 (Date) at Sedro Woolley (City) Skagit (County) WA (State)

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)
~~Abbreviated~~ Legal Descriptions: Lot 4, Sparr's 4th Addition, a replat of a portion of Tract 56, Burlington Acreage Property, as per plat recorded in Volume 9 of plats, pages 45+46, records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Numbers: (List All)
P72818/4093-000-004-0006

(Attach full legal description(s) of the property)

__ Decedent left no Last Will and Testament and no Community Property Agreement; or

X Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:

__ Decedent left a Community Property agreement recorded in _____ County as Auditor's File No. _____ in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; or

__ Decedent left a will which is being/was probated in _____ County, State of Washington as Superior Court Cause No. _____.

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The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (*including those not inheriting part of the decedent's estate):*

Patricia Vandlac, 91, spouse
Full name, age and relationship

24948 SW Ladd Hill Rd, Sherwood, OR 97140
Address City State Zip

Ronald Vandlac, 68, son
Full name, age and relationship

24948 SW Ladd Hill Rd, Sherwood, OR 97140
Address City State Zip

Linda Smith, 70, Daughter
Full name, age and relationship

1901 Sunset Drive Burlington WA 98233
Address City State Zip

Terri VANDLAC, 65, Daughter
Full name, age and relationship

Mt. Vernon WA 98273
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

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The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately $ 1 Million of which approximately $ -0- None was the separate property of the decedent.

The Affianat further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) **OR** those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) **OR** had never received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 9-16-26 X Patricia Vandlac by Ron Vandlac

Patricia Vandlac — *Affiant's full name*
971-626-9260 — *Telephone number*
24948 SW Ladd Hill Rd, Sherwood, OR 97140 — *Street, City, State, Zip Code*

State of _____ County of _____

I know or have satisfactory evidence that Ronald Vandlac, who is attorney in fact for Patricia Vandlac and who — *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: 9/16/26 20

Signature of Notary Public

(SEAL ~~OR STAMP~~)
Kelli A. Mayo
Notary Public
State of Washington
My Appointment Expires 6/19/2029
Commission Number 49186

Residing at Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 6/19/2029.

(Based on REV 84.0017 (1-3-17)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2026-005247**

DATE ISSUED: **02/05/2026**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **DONALD LEE**
LAST NAME(S): **VANDLAC**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **FEBRUARY 04, 2026**
HOUR OF DEATH: **03:20 AM**
SEX: **MALE** AGE: **91 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**

BIRTH DATE: [redacted]
BIRTHPLACE: **SEDRO-WOOLLEY, WASHINGTON**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **PATRICIA HANSTAD**

OCCUPATION: **SALES ADMINISTRATOR**
INDUSTRY: **HEAVY EQUIPMENT**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

INFORMANT: **PATRICIA VANDLAC**
RELATIONSHIP: **WIFE**
ADDRESS: **1501 COLLINS RD, SEDRO-WOOLLEY, WA, 98284**

CAUSE OF DEATH:
A: **PROBABLE LIVER CANCER**
INTERVAL: **UNKNOWN**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **CIRRHOSIS OF THE LIVER, RECENT DEEP VEIN THROMBOSIS, CONGESTIVE HEART FAILURE, ATRIAL FIBRILLATION, ANEMIA**

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: **1501 COLLINS RD**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **1501 COLLINS RD**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WA 98284**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **9 DAYS**

FATHER: **ERNEST VANDLAC**
MOTHER: [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **FEBRUARY 05, 2026**

FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**

ADDRESS: **PO BOX 398**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **HELEANA FOLEY**

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: **LISSA ANDERSON, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **FEBRUARY 04, 2026**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**
DATE RECEIVED: **FEBRUARY 05, 2026**

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

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202610050049

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

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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

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:
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	First Middle Last/Maiden

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: 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 forgoing 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

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 Acknowledgement 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.

CERTIFIED

Howard Leibrand MD, Health Officer
Skagit County Health Department

SKAGIT COUNTY

STATE OF WASHINGTON

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

07199548

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