

When Recorded-Return To:
Skagit Law Group, PLLC
P. O. Box 336
Mount Vernon, WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20263336
Date 10/12/2026

DOCUMENT TITLE: *(or transactions contained therein)*

LACK OF PROBATE AFFIDAVIT

GRANTOR: *(last name, first name and initials)*

NORMAN, DAVID **E.** (Deceased)

☐ *Additional names on page _____ of document*

GRANTEE: *(Last name, first name and initials)*

NORMAN, DAWN

☐ *Additional names on page _____ of document*

LEGAL DESCRIPTION: (i.e., lot, block, plat or quarter, quarter, section, township and range):

Lots 1, 2, 3 and 4, Block 5, Hamstrom's Addition to Grassmere, according to the plat thereof, recorded in Volume 3 of plats, page 82, records of Skagit County, Washington.

Situate in Skagit County, Washington

☐ *Additional legal on page _____ of document*

ASSESSOR'S PARCEL/TAX I.D. NUMBER: P71057

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

☐ *Additional reference numbers on page _____ of document*



LAND TITLE AND ESCROW

Land Title and Escrow
111 East George Hopper Road
PO Box 445
Burlington, WA 98233
Phone: (360) 707-2158

LACK OF PROBATE AFFIDAVIT

Order No.:

The undersigned Affiant(s) state that the information set forth herein is true and correct:

THAT the undersigned Affiant was the Spouse of
(your relationship to the decedent)

David E. Norman, who died March 31, 2026, in
(name of decedent) (date of death)

Sedro Woolley, Washington, then being a legal resident of
(City) (State)

Concrete, Washington
(City) (State)

THAT the decedent's Death Certificate is attached hereto.

THAT (select all that apply):

- ☒ Decedent was a US citizen
- ☒ Decedent left no last Will; or
- ☐ Decedent left a last will which has not been probated; a true copy of the Will is attached hereto and the same was never revoked; or
- ☐ Decedent left a last Will which was probated in _____ County, State of _____ and a copy of the Order Admitting Will to probate or Decree of Distribution is attached hereto.

THAT the heirs at law of decedent, and their ages, relationship to decedent and current address are as follows (including spouse, domestic partner, natural or adopted children, issue of any predeceased child, and surviving partners, brothers and sisters of decedent):

HEIRS AT LAW

Full Name	Age	Relationship	Address	City	State
Dawn Norman	Legal	Spouse	PO Box 94	Sedro Woolley	WA
Jacob C. Norman	Legal	Son	4607 N. Park Ave Dr	Cape Harbor	WA
Zachary Norman	Legal	Son	PO Box 94	Sedro Woolley	WA

UNO
THAT all the debts of the decedent and/or the marital community/domestic partnership, including but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been paid except as follows.
 If none, please write "NONE".

THAT decedent has not received assistance from the State of Washington for medical care, or if decedent has received assistance it has been fully reimbursed.

THAT as of the date of death, the value of all community property/domestic partnership property of decedent was approximately \$ 314,700 and the value of the decedent's separate property was approximately \$ 0.

THIS Affidavit is made to induce First American Title Insurance Company to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations set forth above. This request to so insure must come from a reliable, responsible party and deeds may be required from heirs or devisees of decedent.

THIS Affidavit is made in reference to the sale, purchase, lease, mortgage and/or refinance of property located at:

This affidavit is made to induce First American to insure real property covered by the Company's commitment for title insurance order number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for themselves and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including purchaser of the Real Estate, for any loss (including attorney's fees) arising from reliance on any misstatement of fact herein.

James R. Dunlap
 Affiant's Signature

September 4th 2026
 Date

 Affiant's Signature

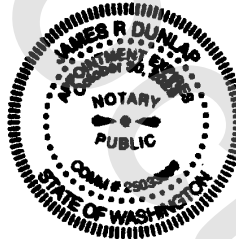
 Date

STATE OF WASHINGTON
 COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 4th day of September, 2026 by
James R. Dunlap

James R. Dunlap
 Signature
Notary Public
 Title

My appointment expires: October 30, 2026



Affidavit – Lack of Probate

EXHIBIT "A"

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-016536

DATE ISSUED: 04/08/2026

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): DAVID EUGENE

LAST NAME(S): NORMAN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 31, 2026

HOUR OF DEATH: 04:46 PM

SEX: MALE

AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: CORPUS CHRISTI, TEXAS

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DAWN MONCRIEF

OCCUPATION: CARPENTER

INDUSTRY: CONSTRUCTION - GENERAL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: JACOB NORMAN

RELATIONSHIP: SON

ADDRESS: 4607 PARK ACRES DR, OAK HARBOR, WA 98277

CAUSE OF DEATH:

A: SQUAMOUS CELL CANCER OF THE LUNG

INTERVAL: 18 MONTHS

B:

INTERVAL:

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 UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 7462 2ND STREET

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: THOMAS NORMAN

MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SAFE HARBOR FUNERAL SERVICE

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: APRIL 10, 2026

FUNERAL FACILITY: SAFE HARBOR FUNERAL SERVICE

ADDRESS: 2750 PEACE PORTAL SUITE D

CITY, STATE, ZIP: BLAINE, WASHINGTON 98230

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: PROBABLY

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: EDUARDO GOO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

DATE SIGNED: APRIL 03, 2026

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: APRIL 07, 2026



Affidavit for Correction

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
Required information must match current information on record				
Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)				
1. Name on Record: First Middle		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 City 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:	Printed name:
Date:	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 <ul style="list-style-type: none"> • 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. | Adult (18 years or older) <ul style="list-style-type: none"> • 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

- 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.



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.

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



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Exhibit "B"

Legal Description of Subject Property

Lots 1, 2, 3 and 4, Block 5, Hamstrom's Addition to Grassmere, according to the plat thereof, recorded in Volume 3 of plats, page 82, records of Skagit County, Washington.

Situate in Skagit County, Washington.

Exhibit "B"
Property Description