



200509130034

Skagit County Auditor

9/13/2005 Page 1 of 12 9:51AM

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

B. FAY DUNLAP, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That RAY M. DUNLAP was her husband. That RAY M. DUNLAP died a resident of Anacortes, Skagit County, Washington on May 19, 2005. A copy of the death certificate is attached hereto. RAY M. DUNLAP died leaving property in Skagit County all of which was the community proper of affiant and decedent, RAY M. DUNLAP.

That at the time of the death of RAY M. DUNLAP, there was in full force and effect a Community Property Agreement executed by affiant and decedent on February 23, 1983, which Agreement is attached to this affidavit.

That there are no unpaid creditors of said decedent RAY M. DUNLAP or of the former marital community nor unpaid funeral expenses, or last illness except as follows:
None.

That the decedent left a Will, a copy of which is attached hereto.
That the decedent's estate is not being probated.

That the property owned by affiant and RAY M. DUNLAP consisted of the following:

REAL ESTATE

1. STREET: 17290 Golden View Avenue, La Conner, WA 98257
TAX ID: P70225
LEGAL: WAGNER'S HOPE ISLAND ADD LOT 6 BLK 3 LESS S 20' OF 5 &
ALL OF 6

PERSONAL PROPERTY

1. Household furniture valued at

~~1500.00~~
~~\$500.00~~

2. Motor vehicles valued at

\$500.00

3. Bank accounts and cash valued at

~~\$500.00~~ ~~1500.00~~

(Handwritten signature/initials)

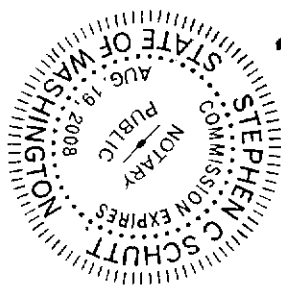
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 12 th day of September, 2005 .

(Handwritten signature: B. Lay Dunlap)
B. LAY DUNLAP

SUBSCRIBED AND SWORN TO before me this 12 th day of September, 2005.



(Handwritten signature: Stephen C. Schutt)

Notary Public in and for the
State of Washington, residing
at Anacortes, WA.

My appointment expires Aug 08



200509130034
Skagit County Auditor

8302240928

WITNESSETH:

1. This ag.

WITNESSETH:
1. This agreement is made between one party hereto

2. Each of

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4. And it is
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 6.120 are hereby

IN WITNESS WHEREOF, I have hereunto set my hand and seals this 2nd day of June 1964.

s and seals this 2

February, 1983.



Ray M. Dunlap

B. Fay Dunlap

On this day
AY. DUNLAP, do me
uted the within ar

GIVEN under
January, 1983.

January, 1983.

Barry J. Powell
Notary Public in and for the State
of Washington, residing at Kirkland

R.C.W.26.16.120
1. of 1.

200509130034
Skagit County Auditor

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA
2005 SEP -9 AM 8:52

SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:

RAY M. DUNLAP,

Deceased.

NO.

05 4 00246 8

LAST WILL AND TESTAMENT

See attached.

LAST WILL AND TESTAMENT



200509130034
Skagit County Auditor

WILL OF
RAY M. DUNLAP

I, RAY M. DUNLAP, a resident of La Conner, Skagit County, Washington, and a citizen of the United States, declare that this is my Will. I revoke all prior Wills and Codicils.

ARTICLE 1

Family

1.1 FAMILY. I am married to B. FAY DUNLAP, and all references to "my spouse" are to her. My only biological children, living or deceased, are JOHN DUNLAP of North Bend, Washington, and STEVEN DUNLAP of Lake Stevens, Washington. My spouse has two children from a prior marriage, namely STEVE BROUILLETTE of Carnation, Washington and MICHAEL BROUILLETTE of Graham, Washington. For purposes of this Will, my children and my spouse's children are all to be treated as the issue of my body, and all references to "my children" refer without distinction to JOHN DUNLAP, STEVEN DUNLAP, STEVE BROUILLETTE, and MICHAEL BROUILLETTE. I intentionally make no provision in this Will for any member of my family or their descendants except as specifically described.

ARTICLE 2

Legal Representatives

2.1 PERSONAL REPRESENTATIVE. I name B. FAY DUNLAP as my personal representative. If she fails to qualify or ceases to act as my personal representative, then any court having jurisdiction shall name a professional fiduciary to serve as personal representative.

ARTICLE 3

Specific Gifts And Special Directions

3.1 LIST OF GIFTS. I may leave a handwritten and/or signed list which refers to this provision in my Will and directs the distribution of certain items of tangible personal property. This list or other separate writing is subject to change from time to time. I intend such list to conform to RCW 11.12.260, and if I leave such a writing, my personal representative shall distribute my property as directed therein. Any property not specifically identified in such a list, or any property allocated to a beneficiary named therein who does not survive me by ninety (90) days, shall pass according to this Will. All such tangible personal property is given subject to outstanding mortgages, liens and encumbrances. My personal representative shall pay any costs of distribution, including, but not limited to, appraisal, insurance, postage, shipping and handling from the residue of my estate. If no such writing is found within 90 days of my death, this Article shall have no force or effect whatsoever.

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3.2 **HOUSEHOLD AND PERSONAL EFFECTS.** Aside from the specific gifts, if any, disposed of in the list described above, I give any interest I have in household goods and furnishings, personal vehicles, recreational equipment, clothing, jewelry, personal effects, and other property for personal or household use, together with any insurance on this property, to my spouse, if my spouse survives me. If my spouse does not survive me, I give this property in substantially equal shares to my children, one share to each of them who survives me, and one share by right of representation to the then-surviving descendants of any of them who do not survive me, to be divided among them as they agree or, if they do not agree, then as my personal representative shall determine.

3.3 **NAMED BENEFICIARIES.** I may have placed one or more of my beneficiaries' names on bank accounts, annuities or other personal property assets at the time of my death. I hereby declare that any such arrangement has been done for convenience and not with the intent that such a person or persons should take such accounts in addition to the distribution under this Will. I direct that any such accounts should be considered the property of my estate for accounting and distribution purposes and, to the extent that such an account may not be brought back into my estate, it shall be charged towards any distribution to the account holder. However, this Article shall not apply to any asset held with or assigned to my spouse.

ARTICLE 4

Residue

4.1 **IF SPOUSE SURVIVES.** I give the residue of my estate to my spouse, if my spouse survives me.

4.2 **IF SPOUSE DOES NOT SURVIVE.** If my spouse does not survive me, I give the residue of my estate in substantially equal shares to my children, one share to each of them who survives me, and one share by right of representation to the then-surviving descendants of any of them who do not survive me, to be divided among them as they agree or, if they do not agree, then as my personal representative shall determine.

ARTICLE 5

Personal Representative

5.1 **NO BOND REQUIRED.** No bond shall be required of any personal representative named in this Will, in any jurisdiction, for any purpose.

5.2 **NONINTERVENTION POWERS.** My personal representative shall have nonintervention powers to settle my estate in the manner set forth in this Will. It is my intention to avail myself of the provisions of the nonintervention Will statutes of the State of Washington, and these nonintervention powers shall be unrestricted.

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200509130034

Skagit County Auditor

5.3 POWERS. I give my personal representative all powers conferred on a personal representative by Washington law as now existing or later amended, whether or not those powers are exercised in Washington.

5.4 TRANSFER TO CUSTODIAN. If any interest passes under this Will to a person under the age of 21, I authorize my personal representative to name a custodian for that person, and to transfer that interest to the custodian for that person under the Washington Uniform Transfers to Minors Act.

ARTICLE 6

Taxes And General Administrative Provisions

6.1 SURVIVORSHIP. A beneficiary under my Will shall be considered to survive me only if the beneficiary is living on the ninetieth (90th) day after the date of my death.

6.2 TAXES. All estate, inheritance, and other death taxes (including interest and penalties) payable by reason of my death, whether on property passing under this Will or otherwise, shall be apportioned according to Washington law.

6.3 DEBTS AND EXPENSES. I direct my personal representative to pay my debts as they come due, and my funeral and estate administration expenses.

6.4 ELECTIONS, DECISIONS, AND DISTRIBUTIONS.

6.4(a) GENERAL AUTHORITY. I authorize my personal representative to make any election or decision available to my estate under federal or state tax laws, to make pro rata or non pro rata distributions without regard to any differences in tax basis of assets distributed, and to make distributions in cash, in specific property, in undivided interests in property, or partly in cash and partly in property. If a custodian must be appointed for any interest passing to a minor under this Will, I give my personal representative the authority to name a custodian for that interest.

6.4(b) GOOD FAITH DECISIONS BINDING. The good faith decisions of my personal representative in the exercise of these powers shall be conclusive and binding on all parties, and my personal representative need not make any adjustments among beneficiaries because of any election, decision, or distribution.

6.5 CHANGE IN CORPORATE FIDUCIARY. If any corporate fiduciary is merged or voluntarily liquidated into or consolidated with another entity having the required fiduciary powers, the successor shall have all powers granted to the original corporate fiduciary.

6.6 GOVERNING LAW. The validity and construction of my Will shall be determined under Washington law in effect on the date my Will is signed.

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200509130034
Skagit County Auditor

6.7 CAPTIONS. The captions are inserted for convenience only. They are not a part of this instrument and do not limit the scope of the section to which each refers.

I have signed this Will on this 24th day of March, 2005.

Ray M. Dunlap
RAY M. DUNLAP

This instrument, consisting of six (6) typewritten pages, including this page and the attached Affidavit of Attesting Witnesses, was on the above date and in our presence, signed by RAY M. DUNLAP, the testator. We, at his request, have signed our names as attesting witnesses this 24th day of March, 2005.

Arden Haines
Signature

ARDEEN HAINES
Printed Name

Residing at:

ANACORTES

Felicia Valenzuela
Signature

Felicia Valenzuela
Printed Name

Residing at:

La Brea, WA



200509130034
Skagit County Auditor

[illegible]

) ss.

)

On March 24 2005:

3. I believe the testator to be of sound mind and that in so declaring and signing, he was not acting under any duress, menace, fraud, or undue influence.

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200509130034
Skagit County Auditor

4. The other witness and I, in the presence of the testator and each other, now affix our signatures as witnesses to the Will and make this affidavit.

Arden Haines

Signature

AR DEN HAINES

Printed Name

Residing at:

ANACORTES

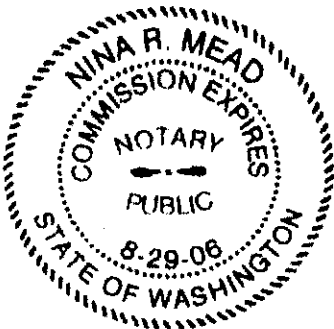
[Signature]
Signature

Felicia Valenzuela
Printed Name

Residing at:

La Brea, LA

SUBSCRIBED AND SWORN TO before me on March 24 2005.



Nina R. Meach

Notary Public in and for
the State of Washington

Residing at Anacortes

My commission expires: 8-29-06

COURT'S CERTIFICATE

The foregoing affidavit in support of the document(s) offered as the Will of the above-named decedent was filed on this date and accepted as proof of the above-mentioned Will, pursuant to RCW 11.20.020(2).

DATED:

JUDGE/COURT COMMISSIONER

Affidavit of Witnesses to
Last Will of RAY M. DUNLAP



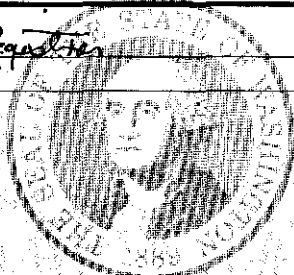
200509130034

Skagit County Auditor

9/13/2005 Page 10 of 12 9:51AM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 401-05		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Ray Middle M. LAST Dunlap Suffix			2. Death Date May 19, 2005		
3. Sex (M/F) Male	4a. Age - Last Birthday 77	4b. Under 1 Year Months 77 Days	4c. Under 1 Day Hours 77 Minutes	5. Social Security Number 536-24-2127	6. County of Death Skagit
7. Birthdate Mar 2, 1928	8a. Birthplace (City, Town, or County) Mount Vernon	8b. (State or Foreign Country) Washington	9. Decedent's Education Professional degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 17290 Goldenview Ave				13b. City or Town La Conner	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) —		13e. State or Foreign Country Washington	13f. Zip Code + 4 98257
14. Estimated length of time at residence. 13 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) B. Faye Nelson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Attorney			18. Kind of Business/Industry (Do not use Company Name) Law		
19. Father's Name (First, Middle, Last, Suffix) Percy Howe Dunlap			20. Mother's Name Before First Marriage (First, Middle, Last) Philena Mary Anderson		
21. Informant's Name B. Faye Dunlap		22. Relationship to Decedent spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 17290 Goldenview Ave La Conner, WA 98257	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Island Hospital			26a. City, Town, or Location of Death Anacortes	26b. State WA	27. Zip Code 98221
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Crematory		30. Location-City/Town, and State Mount Vernon	
31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 South Third St Mount Vernon WA 98273					32. Date of Disposition May 23, 2005
33. Funeral Director Signature X <i>Percy E. Dunlap</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MRSA Ursepsis Interval between Onset & Death 6 days					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Bacteremia pneumonia Interval between Onset & Death 6 days					
c. COPD Interval between Onset & Death 20 years					
d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street:		Apt. No.		City or Town: County: State: Zip Code+4:	
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>Shawna L. Laursen MD</i>				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Shawna L. Laursen MD 1213 24th St #100 Anacortes, WA 98221				50. Hour of Death (24hrs) 2115	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 5/20/05	
53. Title of Certifier Physician		54. License Number M00034709		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature <i>Connie Anderson, Deputy Registrar</i>	
58. Date Received (mm/dd/yyyy) MAY 23 2005				59. Amendments	



DOI/CHS 003 Rev 2/06/2004



200509130034
Skagit County Auditor

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



200509130034
Skagit County Auditor

CERTIFIED

MAY 23 2005

Skagit County Health Department
Howard Leibrand M.D., Health Officer

MM00421464