

201802140132

Skagit County Auditor

\$75.00

2/14/2018 Page

1 of

5 4:03PM

Return Address:

Shultz Law Offices
127 E. Fairhaven Ave
Burlington, WA 98233

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kathleen S. Brown, 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 wife
Relationship to decedent

of Kenneth W. Brown, who died on May 20, 2016
Decedent Grantor *Date*

at Sedro-Woolley, Skagit County, Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: S 1/2 of N 395 ft of S 1/2 of
NW 1/4 of SE 1/4 Sec. 29, Twn 36N, R 4E,
W of Humphrey Hill Road

Assessor's Property Tax Parcel/Account Number: 360429-4-004-0207
(Attach full legal description of the property) P50327

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)

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Kathleen S. Brown, wife

Sedro-Woolley, WA

Full name, age, relationship, address

Michael W. Brown 55 yrs old (son)

Friendswood, TX

Full name, age, relationship, address

Bradley Alan Brown 53 yrs old (son)

Humphrey Hill Rd Sedro Woolley, WA 98284

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: 2-14-18

Kathleen S. Brown

Affiant's full name

(360) 724-0349

Telephone number

4662 Humphrey Hill Rd.

Sedro-Woolley, WA

City State

98284

Zip Code

Kathleen S. Brown 2-14-18

Signature

Date

State of Washington County of Skagit

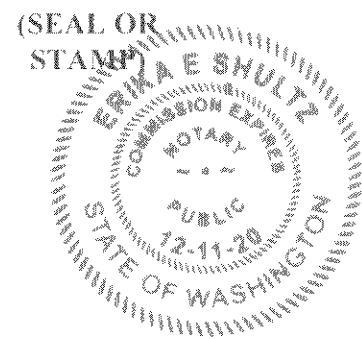
I know or have satisfactory evidence that Kathleen S. Brown

(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: 2 / 14 / 2018

h. h. [Signature]
Signature of Notary Public



Residing at: Blaine, WA

Notary Public in and for the State of WA

My appointment expires: 12 / 11 / 2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-021229

DATE ISSUED: 05/26/2016

FEE NUMBER: 000000029

GIVEN NAMES: KENNETH WAYNE
LAST NAME: BROWN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 20, 2016
HOUR OF DEATH: 10:50 A.M.
SEX: MALE
AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: JOHNSON CITY, BROOME CNTY, NEW YORK

MARITAL STATUS: MARRIED
SPOUSE: KATHLEEN S. [REDACTED]

OCCUPATION: MANUFACTURER'S REPRESENTATIVE
INDUSTRY: METAL SALES
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: KATHLEEN S. BROWN
RELATIONSHIP: WIFE
ADDRESS: 4662 HUMPHREY HILL RD., SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4662 HUMPHREY HILL RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 4662 HUMPHREY HILL RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER/PARENT: ERNEST HAROLD BROWN
MOTHER/PARENT: GERTRUDE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MAY 25, 2016

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

CAUSE OF DEATH:
A. TRANSITIONAL CELL CARCINOMA OF THE BLADDER WITH METASTATIC DISEASE TO PELVIC SIDEWALL AND ADRENAL GLANDS
INTERVAL: 17 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:

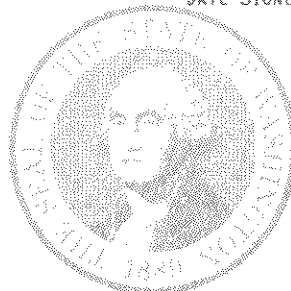
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: MAY 23, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 341
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MAY 24, 2016

Affidavit for Correction

Mailed In: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 739-4300

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

STATE OFFICE USE ONLY

State No Number Title Number Initials Date Affidavit Number

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1 Name on Certificate 2 Date of Event 3 Place of Event

4 Father (Print Full Name) 5 Mother (Print Full Birth Name) (Spouse A for Marriage or Dissolution) 6 Mother (Print Full Birth Name) (Spouse B for Marriage or Dissolution)

6 Name of Person(s) Reported Relationship to Person on Record: Self Guardian Informant Hospital
 Parents Funeral Director Other (specify)

7 Return Mailing Address

Telephone Number E-mail Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

	The record now shows:	The true fact is:
8		
10		
12		
14		

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

16a Signature 16b Signature of 2nd parent (if required)

Printed name Title Printed name Title

INSTRUCTIONS for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required: the documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth Marriage Death records
- Military records (DD-710)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital records at birth
- Passports
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent or legal guardian of the child or parent 18 or the mother who was at least 18 at birth may change the birth certificate.
- The proof(s) must match the asserted facts. For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- The documentary proof must be less than one year old or related to within five years of birth.

Child under 18

- If legal guardianship has been established, only parent(s) or guardian(s)
- Up to age one, the name can be changed even by other parents; name on certificate can be any combination of the first, middle or last names.
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required.
- If the first, middle or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.

Change any part of the name of a child; signatures from both parents listed on the certificate are required. One parent is required submit a death certificate with request.

Death Certificates

- Only the informant, the funeral director or executor (with instructions of evidence confirming such position is provided) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status (widow or widower). Marital status requires a certified copy of a 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 (other including changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the affidavit (marriage) or Clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

MAY 26 2016

Howard Leibrand

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

EE00086408