



201804130058

Skagit County Auditor  
4/13/2018 Page

1 of

\$78.00

5 12:25PM

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Larry A. Nielson, 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

Domestic Partner  
Relationship to decedent

of

JUDITH A. REED  
Decedent/Grantor, who died on 4/5/2018  
Date

at

Mt Vernon  
CitySkagit  
CountyWashington  
State**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**Abbreviated Legal Description: Lot 14, Block 3, "Albert Balch's  
Wedgwood, an Addition to Mt Vernon, WN", as per  
Plat recorded in Volume 7 of Plats, Page 24,  
records of Skagit County, WASHINGTONAssessor's Property Tax Parcel/Account Number: P54762  
(Attach full legal description of the property)☐ 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)

(Page 1 of \_\_\_\_\_)

LARRY A. NICHOLSON 73

DOMESTIC PARTNER

Full name, age, relationship, address

Larry Alan Nicholson; age 42; son  
46357 Baker loop Rd, Concrete, WA 98237

Full name, age, relationship, address

Rosemary E. Per; 67; sister, 2610 E.  
Section St #28, Mt Vernon WA 98274

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: 4/13/18

Larry A. Nicholson  
Affiant's full name

360-873-8165  
Telephone number

909 So 20th St

Mt Vernon WA 98274  
City State Zip Code

Larry A. Nicholson 4/13/18  
Signature Date

State of WA County of Sagit

I know or have satisfactory evidence that Larry A. Nicholson  
(name of person)

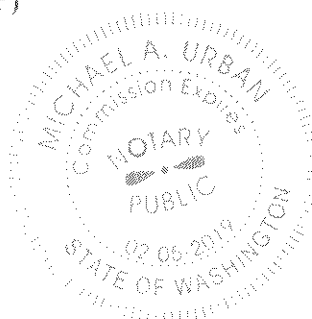
is the person who appeared before me, and said person acknowledged, that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 4/13/18

W. P. H.

Signature of Notary Public

(SEAL OR  
STAMP)



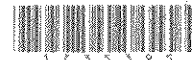
Residing at: Mt Vernon

Notary Public in and for the State of WA

My appointment expires: 2/19

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-000453

DATE ISSUED: 03/30/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JUDITH ANNE

LAST NAME(S): REED

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 05, 2018

HOUR OF DEATH: 05:00 AM

SEX: FEMALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: DOMESTIC PARTNER

SPOUSE: LARRY NICHOLSON

OCCUPATION: PAYROLL

INDUSTRY: MEDICAL

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: LARRY NICHOLSON

RELATIONSHIP: DOMESTIC PARTNER

ADDRESS: 909 S 20TH ST MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: ACUTE CEREBROVASCULAR ACCIDENT

INTERVAL: 3 WEEKS

B:

INTERVAL

C:

INTERVAL:

D:

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: TOBACCO ABUSE, ESSENTIAL  
HYPERTENSION, HYPERLIPIDEMIA, DIABETES MELLITUS TYPE TWO

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: LIFE CARE CENTER OF MOUNT VERNON

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 909 S 20TH ST

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER/PARENT: ERNEST HENRY REED

MOTHER/PARENT: ELIABETH JAYNE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JANUARY 08, 2018

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

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: NO RESPONSE

CERTIFIER NAME: GILSON R. GIROTTO, DO

TITLE: DO

CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

DATE SIGNED: JANUARY 08, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: JANUARY 08, 2018



# 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
-------------------	------------	----------	------	------------------

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. Return Mailing Address:			

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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS** - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

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

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

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

**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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18	Adult (18 years or older)
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

**Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) 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 with proof. 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.

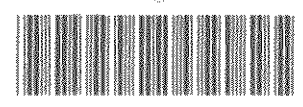
**Marriage/Dissolution (Divorce) Certificates**

- Personal facts (minor spelling 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 officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

**\*CERTIFIED\***

MAR 30 2018

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



0 1 8 0 3 1 5 0