



201805220075

05/22/2018 01:52 PM Pages: 1 of 4 Fees: \$77.00  
Skagit County Auditor

**Return Address:**

**Jan M. Hanson**  
2264 Friday Creek Road  
Burlington, WA 98233

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee **Jan M. Hanson**, being first duly sworn deposes and states as follows: That she is a rightful heir as listed on heirs at law, to the real property described below, and is the spouse of **Dale L. Hanson**, who died on 4/27/18 at Seattle, Washington.

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: PTN SE ¼ OF NE ¼, 18-36-4 EWM

**Full Legal Description:** The South 310 feet of the North 330 feet of that portion of the Southeast ¼ of the Northeast ¼ of Section 18, Township 36 North, Range 4 East, W.M., lying Westerly of Friday Creek County Road and Easterly of the abandoned Great Northern Railroad right of way as described in document recorded January 29, 1919, under Auditor's File No. 130346 in Volume 112 of Deeds, page 44, records of Skagit County, Washington. Also the North 375 feet of the East ½ of said railroad right of way lying South of the North line of said Southeast ¼ of the Northeast ¼ of said Section 18.


Situate in the County of Skagit, State of Washington

Assessor's Property Tax Parcel/Account Number: P49377; 360418-0-009-0005

**Decedent left a Last Will & 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:

Dated: May 20, 2018

**Jan M. Hanson, age 72** (Surviving spouse) *Affiant*   
Phone Number: 360-724-3045  
2264 Friday Creek Road  
Burlington, WA 98233

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

*2018 2/15*  
MAY 22 2018

Amount Paid \$  
Skagit Co. Treasurer  
By *mdm* Deputy

  
Signature

*5/20/18*  
Dated



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

OF 4

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-019596

DATE ISSUED: 05/08/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DALE LEROY  
LAST NAME(S): HANSON

COUNTY OF DEATH: KING  
DATE OF DEATH: APRIL 27, 2018  
HOUR OF DEATH: 01:21 PM  
SEX: MALE AGE: 71 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: KINDRED HOSPITAL  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98125

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

RESIDENCE STREET: 2264 FRIDAY CREEK ROAD  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 24 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: EAU CLAIRE, WI

FATHER/PARENT: LESTER HANSON  
MOTHER/PARENT: MARY [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: JANET MARIE BUCKNER

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

OCCUPATION: MECHANIC  
INDUSTRY: AUTOMOTIVE REPAIR  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: UNKNOWN

INFORMANT: JANET MARIE HANSON  
RELATIONSHIP: WIFE  
ADDRESS: 2264 FRIDAY CREEK ROAD, BURLINGTON, WA 98233

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: 1825 E. COLLEGE WAY  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:  
A: CARDIAC RESPIRATORY ARREST  
INTERVAL: MINUTES  
B: PULMONARY HEMORRHAGE  
INTERVAL: HOURS  
C: SEVERE THROMBOCYTOPENIA  
INTERVAL: WEEKS  
D: PROBABLE MYELODYSPLASTIC SYNDROME  
INTERVAL: MONTHS

TO BE USED ONLY IN CONNECTION  
WITH A CLAIM PENDING BEFORE  
THE VETERAN'S ADMINISTRATION

OTHER CONDITIONS CONTRIBUTING TO DEATH: END-STAGE RENAL FAILURE,  
RESPIRATORY FAILURE,

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: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ABDULLAH OZ, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 10631 8TH AVE NE  
CITY, STATE, ZIP: SEATTLE, WA 98125  
DATE SIGNED: APRIL 30, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: MAY 01, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction 201805220075

Map No: Center for Health Statistics  
05/22/2018 01:52 PM Page 4 of 4  
Olympia, WA 98504-7814  
360-236-4300

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
-------------------	------------	----------	------	------------------

<b>Required</b>	Required information must match current information on record			
	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 forgoing is true and correct

16a. Signature: \_\_\_\_\_      16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_      Printed name: \_\_\_\_\_ 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

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

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- 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)\*
- 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 and/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

\*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

1. 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.
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 documentary proof.
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.

DOH 422-034 October 2015

# \*CERTIFIED\*

MAY 08 2018

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



0 1 8 0 4 6 5 1

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