

Return Address:

Jennifer Taylor  
20721 Olympic Pl NE Apt D109  
Arlington, WA 98223



201807060078

07/06/2018 03:05 PM Pages: 1 of 4 Fees: \$102.00  
Skagit County Auditor

Order Number: 01-166694-O ✓

State of WA

County of Snohomish

Land Title

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Jennifer Taylor Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Denice Dwayne Taylor
3. The decedent died on 8/9/17 (date) at Mt Vernon (City), Skagit (County), Washington (State).
4. My/ Our relationship to the decedent is as follows:  
Wife
5. ☒ I am/ We are the rightful heirs to the property described herein.
6. ☒ Decedent left no last Will; or ☐ Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal:

Lot 7, "PLAT OF PARK MEADOWS," as per plat recorded in Volume 16 of Plats, pages 82 through 84, inclusive, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Tax ID Number: 4666-000-007-0000

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.
9. The deceased is survived by the following heirs:

Full Name	Age	Relationship	
Jennifer Taylor	35	Wife	

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2018 2972  
JUL - 6 2018

Amount Paid \$ 0  
By Skagit Co. Treasurer  
Deputy  
HB

Full Name	Age	Relationship
N/A		
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

DATED this 21 day of June, 2018

Jennifer Taylor  
Affiant's Signature  
Jennifer Taylor  
Printed Name of Affiant

Address

State of: Washington

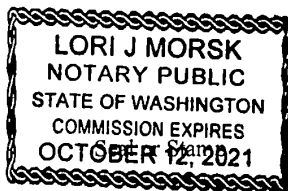
County of: Snohomish

I certify that I know or have satisfactory evidence that Jennifer Taylor is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 6/21/2018 [Signature]  
Signature

Notary  
Title

My appointment expires: 10/12/21



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-034814

DATE ISSUED: 06/14/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DERICK DWAYNE

LAST NAME(S): TAYLOR

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 09, 2017

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 35 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: BLACK

BIRTH DATE: [REDACTED]

BIRTHPLACE: HONOLULU, HI

MARITAL STATUS: MARRIED

SPOUSE: JENNIFER KRAUSE

OCCUPATION: OPERATOR

INDUSTRY: REFINERY

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: JENNIFER TAYLOR

RELATIONSHIP: WIFE

ADDRESS: 3704 SENECA DR MOUNT VERNON WA 98273

CAUSE OF DEATH:

A: SUDDEN UNEXPECTED DEATH ASSOCIATED WITH A SEIZURE DISORDER (APPARENT EPILEPSY)

INTERVAL: UNKNOWN

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: HOME

FACILITY OR ADDRESS: 3704 SENECA DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 3704 SENECA DR

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: DARAYL RAY TAYLOR

MOTHER/PARENT: BETTY DIANE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 14, 2017

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: KIRK S. DUFFY

MANNER OF DEATH: NATURAL

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 116 S. 11TH ST

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: AUGUST 11, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 17SK0274

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: AUGUST 11, 2017



# Affidavit for Correction

201807060078

Mail to: Center for Health Statistics

07/06/2018 03:05 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
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**Required information must match current information on record**

<b>Required</b>	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:
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**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\***

JUN 14 2018

Skagit County Health Department  
Howard Leibrand M.D., Health OfficerCertificate not valid unless the Seal of the State of  
Washington changes color when heat applied.

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