



201907290065

07/29/2019 12:32 PM Pages: 1 of 5 Fees: \$107.50  
Skagit County Auditor

Return Address:

Kenneth Brown  
20401 Springhill Ln  
Mount Vernon WA 98274

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Kenneth 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 Husband

of Lavina Brown, who died on July 21, 2019  
*Decedent/Grantor* *Date*  
at Standwood Snohomish WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

That portion of the Northwest 1/4 of Section 16, Township 33 North, Range 4 East, W.M., described as follows:

The North 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of said Section 16, EXCEPT the West 1010.00 feet thereof as measured at right angles from the West line of said Northwest 1/4.

EXCEPT mineral rights reserved in deed from the State of Washington recorded March 7, 1931 as Auditor's File No. 241629.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over, upon and under the East 45 feet of the West 1010 feet of the South 100 feet of said North 1/2 of the South 1/2 of CONT'T EXHIBIT A

Assessor's Property Tax Parcel/Account Number: P16455  
(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 \_\_\_\_\_)

Dated: July 29, 2019

Affiant's full name  
Kenneth H. Brown

Telephone number  
360 445 6900

Mount Vernon Street WA 98278  
City State Zip Code

Kenneth H. Brown 7-29-19  
Signature Date

State of WA County of Skagit

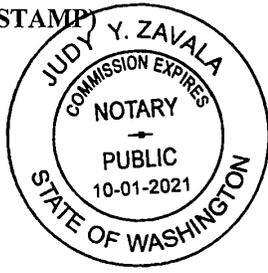
I know or have satisfactory evidence that Kenneth Brown  
(name of person)

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: 7/29/19

Judy Zavala  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Burlington

Notary Public in and for the State of WA

My appointment expires: 10 / 01-2021

## EXHIBIT A

CONTINUATION PAGE

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the Southwest 1/4 of the Northwest 1/4 of Section 16; ALSO TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over, upon and under the East 30 feet of the West 1010 feet of said South 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of Section 16; EXCEPT the South 50 feet thereof.

## PARCEL "B":

That portion of Northwest 1/4 of Section 16, Township 33 North, Range 4 East, W.M., described as follows:

The East 30 feet of the West 1040 feet of the South 1/2 of the South 1/2 of said Southwest 1/4 of the Northwest 1/4 of said Section 16;

EXCEPT the South 50.00 feet thereof conveyed to Skagit County by deed dated March 25, 1966, and recorded April 11, 1966, under Auditor's File No. 681276; also known as the East 30 feet of Tract "F" of Skagit County Short Plat No. 4-71, dated August 13, 1971, records of Skagit County, Washington.

EXCEPT mineral rights reserved in deed from the State of Washington recorded March 7, 1931 as Auditor's File No. 241629.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over, upon and under the East 45 feet of the West 1010 feet of the South 100 feet of said North 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of Section 16; ALSO TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over, upon and under the East 30 feet of the West 1010 feet of said South 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of Section 16; EXCEPT the South 50 feet thereof.

TOGETHER WITH and SUBJECT TO a non-exclusive easement to install, maintain and replace water pipelines over and across the South 15 feet of the West 920 feet of the North 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of said Section 16 and over the North 15 feet of the West 756 feet of the South 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of said Section 16 and over the North 50 feet of the East 224 feet of the West 980 feet of the South 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of said Section 16 and over a 50 foot strip located in the North 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of said Section 16, the centerline of which is described as follows:

Beginning at a point on the South line of said subdivision that is 883 feet East of the Southwest corner thereof; thence Northeasterly to the Northeast corner of said subdivision, and the terminal point of said centerline;

ALSO, TOGETHER WITH and SUBJECT TO a non-exclusive easement to install, maintain and replace water storage tanks on the North 30 feet of the East 30 feet of said North 1/2 of the South 1/2 of the Southwest 1/4 of the Northwest 1/4 of said Section 16.

SUBJECT TO: Paragraphs A through E, inclusive, of Schedule B-1 of First American Title Insurance Company Preliminary Commitment for Title Insurance No. 19510-k.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-032349

LOCAL FILE NUMBER: 2881

DATE ISSUED: 07/23/2019

FEE NUMBER: 310719

FIRST AND MIDDLE NAME(S): LAVINA LOIS  
LAST NAME(S): BROWN

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: JULY 21, 2019  
HOUR OF DEATH: 01:40 PM  
SEX: FEMALE AGE: 80 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SANDUSKY, OH

MARITAL STATUS: MARRIED  
SPOUSE: KENNETH HARVEY BROWN

OCCUPATION: DIETITIAN  
INDUSTRY: HEALTHCARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: KENNETH BROWN  
RELATIONSHIP: SPOUSE  
ADDRESS: 20401 SPRING HILL LANE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: VASCULAR DEMENTIA  
INTERVAL: YEARS  
B: CEREBROVASCULAR DISEASE WITH PREVIOUS CEREBRAL VASCULAR ACCIDENT  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DYSPHAGIA, CONTRACTURES,  
WEIGHT LOSS

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: OTHER PERSON'S RESIDENCE  
FACILITY OR ADDRESS: 7106 CHURCH CREEK LOOP NW  
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

RESIDENCE STREET: 20401 SPRING HILL LANE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER/PARENT: BLANDEN  
MOTHER/PARENT: MARGARET UNKNOWN

METHOD OF DISPOSITION: OTHER  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: JULY 23, 2019

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: JOHN K. MOODY

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

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: JULY 22, 2019

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

LOCAL DEPUTY REGISTRAR: JESSICA L. DYKSTRA  
DATE RECEIVED: JULY 23, 2019



# Affidavit for Correction

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

P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</b>			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Last		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Last		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Last	
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:  
PO Box of State

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:	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
 

<b>Child under 18</b> <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>	<b>Adult (18 years or older)</b> <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>
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- \*To change any part of the name of a child using this form, **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). 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

DOH 422-034 January 2015



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



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