



201909040029

09/04/2019 10:30 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:

Diana Dudley
3908 Seneca Drive
Mount Vernon, Wa 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Diana Dudley, 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 Spouse

of Max LaDean Dudley Jr, who died on 9/23/2014
Decedent/Grantor *Relationship to decedent* *Date*

at Mount Vernon, Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 58 Thunderbird East 2nd Add
Home at 3908 Seneca Drive, Mount Vernon, WA 98273 Vol 12 Plats, PGS 80-81

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019 3823
SEP 04 2019

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

Assessor's Property Tax Parcel/Account Number: P81835
(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 _____)

Diana Dudley, 56

Full name, age, relationship, address

Austin Dudley, 28 - SON

Mount Vernon, WA

Full name, age, relationship, address

Dane Dudley, 26 - SON

Mesa, Arizona

Full name, age, relationship, address

Dated : 9/4/2019

Diana Dudley

Affiant's full name

360-853-5310

Telephone number

3908 Seneca Drive

Street

Mount Vernon, WA 98273

City

State

Zip Code

Diana M Dudley
Signature

9/3/2019
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Diana M Dudley
(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: 09/03/2019

Verone A Brown
Signature of Notary Public



Residing at: Mount Vernon, WA

Notary Public in and for the State of Washington

My appointment expires: 04/15/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-021488

DATE ISSUED: 09/24/2014

FEE NUMBER: 000000029

GIVEN NAMES: MAX L
LAST NAME: DUDLEY

SUFFIX: JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 23, 2014
HOUR OF DEATH: 07:48 A.M.
SEX: MALE
AGE: 50 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3908 SENECA DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 3908 SENECA DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: AUBURN, WASHINGTON

FATHER: MAX DUDLEY SR
MOTHER: ROSE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: DIANA TOLF

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: SEPTEMBER 25, 2014

OCCUPATION: CLAIMS ADJUSTER
INDUSTRY: INSURANCE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

INFORMANT: DIANA DUDLEY
RELATIONSHIP: WIFE
ADDRESS: 3908 SENECA DRIVE MOUNT VERNON WA 98273

- CAUSE OF DEATH:
- A. METASTATIC SARCOMATOID CARCINOMA
INTERVAL: 6 MONTHS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: SEPTEMBER 23, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 24, 2014



Affidavit for Correction

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Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov



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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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

The record is incorrect or incomplete as follows:

The record now shows: _____ The true fact is: _____

6. _____ 7. _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____
(Printed Name)

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

Birth Certificates

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child under 18
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

SEP 24 2014

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

AA00223263