



202001220097

01/22/2020 03:43 PM Pages: 1 of 6 Fees: \$44.00
Skagit County Auditor

AFTER RECORDING MAIL TO:

Name Pavel S. Leus
Address 11311 Marford Road
City / State Sedro Woolley, WA 98284

Document Title(s): (or transactions contained therein)

1. Death Certificate
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Yuriy A. Doroganov
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Lyubov G. Doroganova
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lot 1 "Double Creek Short C.A.R.D. PLO 09-0401" recorded 5/25/2011
as auditor's File No. 2011052501091; being a portion of the South
1/2 of the Northeast 1/4 of Section 32, Township 36 North, Range 5 East W.M.

☒ Complete legal description is on page 1 of document

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

P130636



GUARDIAN NORTHWEST TITLE CO.

ACCOMMODATION RECORDING ONLY

JM 2104

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-053658

LOCAL FILE NUMBER: 4787

DATE ISSUED: 12/09/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): YURIY A

LAST NAME(S): DOROGANOV

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: DECEMBER 06, 2019

HOUR OF DEATH: 03:50 PM

SEX: MALE

AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MONASTIRISCHE RUSSIA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LYUBOV GORDIENKO

OCCUPATION: LABORER

INDUSTRY: AEROSPACE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: LYUBOV DOROGANOV

RELATIONSHIP: WIFE

ADDRESS: 11311 MORFORD ROAD SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:

A: ACUTE HYPERCAPNIC RESPIRATORY FAILURE

INTERVAL: DAYS

B: ACUTE ISCHEMIC CEREBRAL VASCULAR ACCIDENT

INTERVAL: DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,
HYPERTENSION, TYPE 2 DIABETES MELLITUS

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: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 11311 MORFORD ROAD

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: ALEXANDER DOROGANOV

MOTHER: VALENTINA [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 11, 2019

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: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HUGH KEEGAN, MD, MPH

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1700 13TH STREET

CITY, STATE, ZIP: EVERETT, WA 98201

DATE SIGNED: DECEMBER 07, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KAREN KINDER-CARA

DATE RECEIVED: DECEMBER 09, 2019



Affidavit for Correction

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

Required	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:				
	First Middle Last	MM/DD/YYYY	(City or County)					
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)					
	First Middle Last/Maiden	First Middle Last/Maiden						
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)								
7. Return Mailing Address:								
PO Box or Street Address		City	State	Zip				
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 nd parent (if required):						
Printed name:		Date:	Printed name:	Date:				
INSTRUCTIONS – go to 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:								
<ul style="list-style-type: none"> • 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								
<table border="0"> <tr> <td>Child under 18</td> <td>Adult (18 years or older)</td> </tr> <tr> <td> <ul style="list-style-type: none"> • 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 </td> <td> <ul style="list-style-type: none"> • 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 </td> </tr> </table>					Child under 18	Adult (18 years or older)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
Child under 18	Adult (18 years or older)							
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 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								
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). 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 January 2015


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

DEC 09 2019

 Skagit County Health Department
 Howard Lebrand M.D., Health Officer


0 3 2 6 6 3 9 0

Return Address:

Pavel & Alla Leus _____

_11311 Morford Road _____

Sedro-Woolley, WA 98284 _____

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lyubov G. Doroganova, being first duly sworn
Name of Affiant

Deposes and states as follows: That that she is a rightful heir as listed on the heirs at law, to the real

Property described below, and is surviving spouse and inheriting heir
Relationship to decedent

of Yuriy A. Doroganov who died on Dec. 6, 2019
Decedent/Grantor *Date*

at _____
City *County* *State*

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)**Abbreviated Legal Descriptions:**

Lot 1 "DOUBLE CREEK SHORT C.A.R.D. PL 09-0401" recorded May 25, 2011 as
 Auditor's File No. 20110525010091; being a portion of the South ½ of the Southwest ¼
 of Section 32, Township 36 North, Range 5 East, W.M.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P130636

(see above)

(Attach full legal description(s) of the property)

X Decedent left no Last Will and Testament and no Community Property Agreement;
 or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
 (See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (*including those not inheriting part of the decedent's estate*):

Lyubov GI Dorogonova of legal age and surviving spouse			
Full name, age and relationship			
1131 Morford Road	Sedro-Woolley,	WA	98284
Address	City	State	Zip
Alla Leus	Sedro-Woolley	WA	98284
Full name, age and relationship			
Andrey Doroganov	Russia		
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 100,000* of which approximately \$ _____ was the separate property of the decedent.

**less than*

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (☒) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (☒) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: January 22, 2020

Lyubov Doroganova Love D.
Affiant's full name Telephone number

Street City State Zip Code

State of Washington County of Skagit

I know or have satisfactory evidence that Lyubov Doroganova
(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: Jan 22, 2022 John S Milnor
Signature of Notary Public

(SEAL OR SIGNATURE) Residing at Mount Vernon

Notary Public in and for the State of WA

My appointment expires: Dec. 5, 2022

(Based on REV 84 0017 (1/3/17))

