

Return Address:

Guardian NW Title & Escrow  
1301-B Riverside Drive  
Mount Vernon WA 98273

**AFFIDAVIT (LACK OF PROBATE)**

GNW 20-6580

The undersigned affiant/grantee Christina Morgan-Powell, 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 Daughter, Legal Representative  
*Relationship to decedent*

of Patricia Jean Morgan, who died on Feb. 29, 2020  
*Decedent/Grantor* *Date*

at Sedro-Woolley Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: \_\_\_\_\_

Lot 11, "WILIDA ESTATES), according to the plat thereof recorded in Volume 12  
of Plats, Pages 11 and 12, records of Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: P80676 / 000-011-0008  
(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 \_\_\_\_\_)

Michael Richard Morgan, Son, 54  
911 Marshall St, Sedro-Woolley, WA 98284  
Full name, age, relationship, address

Coretta Mae Morgan, 52, Daughter  
4707 E. Upriver Drive, MID5, Spokane WA 99217  
Full name, age, relationship, address

Deborah Louise Morgan-Cautierrez, 50  
1212 F & S Grade Road, Sedro-Woolley, WA 98284  
Full name, age, relationship, address

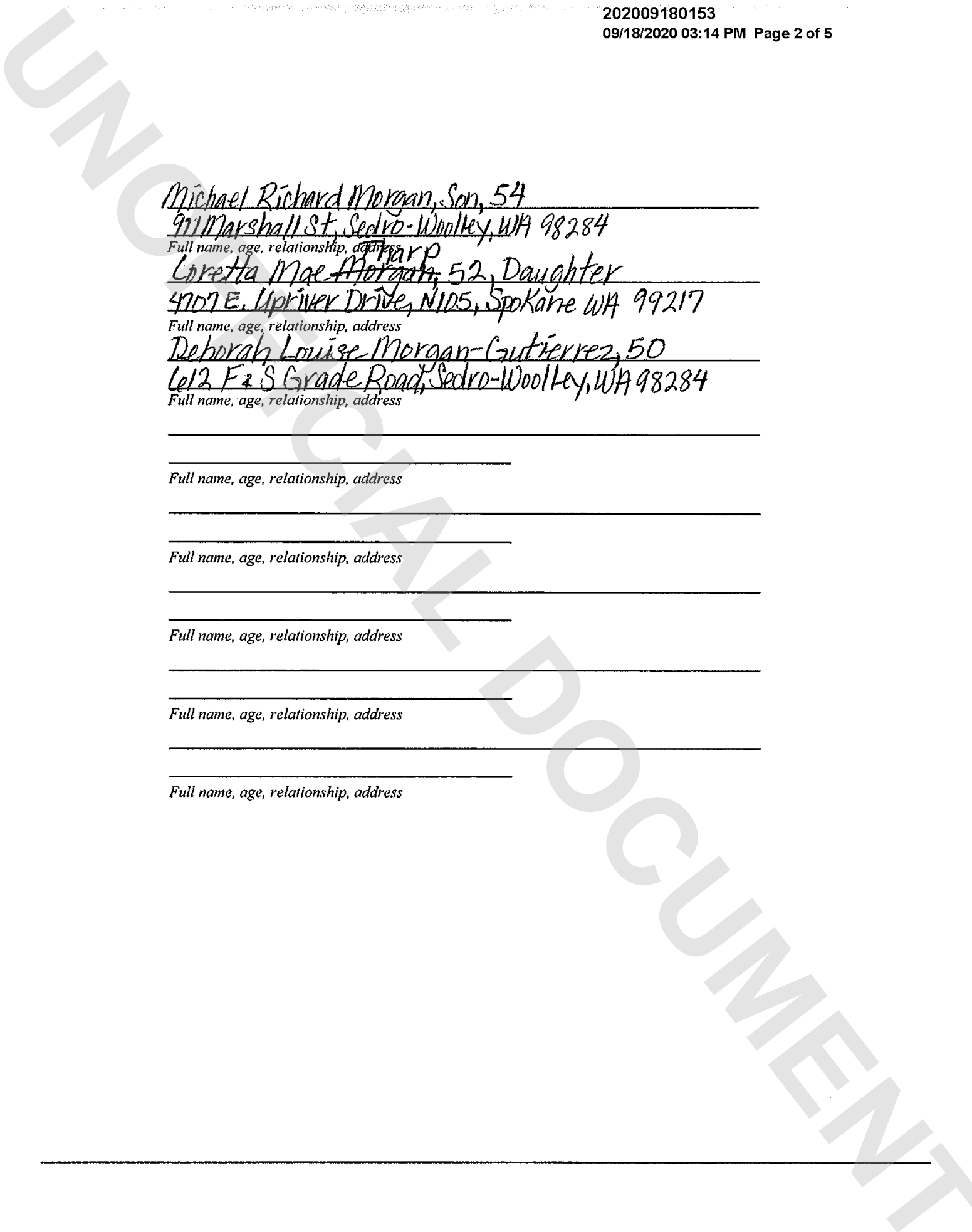
\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address



Dated: 9/17/2020

Christina Morgan-Powell

Affiant's full name

360.661.2991

Telephone number

720 Talcott Street

Sedro-Woolley, WA 98284

City

Street

State

Zip Code

Christina Morgan-Powell 9/17/2020

Signature

Date

State of Washington County of Skagit

I know or have satisfactory evidence that Christina Morgan-Powell

(name of person)

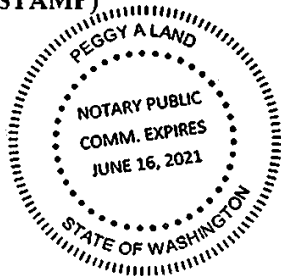
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9.17.2020

Peggy A Land

(signature of Notary Public)

(SEAL OR STAMP)



Residing at: Stanwood

Notary Public in and for the State of Washington

My appointment expires: June 16, 2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-009385

DATE ISSUED: 03/03/2020  
FEE NUMBER:FIRST AND MIDDLE NAME(S): PATRICIA JEAN  
LAST NAME(S): MORGANCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 29, 2020  
HOUR OF DEATH: 12:49 AM  
SEX: FEMALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: SNOROMISH, WAMARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: SECRETARY  
INDUSTRY: SCHOOL DISTRICT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: CHRISTINA MORGAN POWELL  
RELATIONSHIP: DAUGHTER  
ADDRESS: 720 TALCOTT STREET SEDRO-WOOLLEY, WA 98284CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: 1 YEAR  
B: SEVERE VALVULAR HEART DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPOALBUMINEMIA, ATRIAL  
FIBRILLATION, DYSPHAGIA.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: 1220 INDEPENDENCE BLVD.  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 1220 INDEPENDENCE BLVD.  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 22 YEARSFATHER: JESSE RALPH STRIBLING  
MOTHER: ESTHER [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MARCH 03, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: RICK B. LEMLEYMANNER 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 RESPONSECERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: MARCH 02, 2020CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: MARCH 03, 2020



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
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
-------------------	------------	----------	------	------------------

#### 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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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 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: Printed name: Date:	16b. Signature of 2nd parent (if required): 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**

- 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

<p><b>Child under 18</b></p> <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>	<p><b>Adult (18 years or older)</b></p> <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>
--	--

\*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 20 15

# \*CERTIFIED\*

MAR 03 2020

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

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



0 3 8 0 2 4 2 2