



202106300099

06/30/2021 11:10 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kenneth Joel Hageman, 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 Son

Relationship to decedent

of Gerald K. Hageman, who died on 4/23/2021

Decedent/Grantor

Date

at Burlington

Skagit

WA

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

NE1/4 SE1/4 SW1/4 AKA TR A S/P 28-80 APP 4-2-80

Assessor's Property Tax Parcel/Account Number: P27916 P27934

(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 _____)

Kenneth Joel Hageman, 72, Son

421 Lynde Way #1651, Coupeville, WA 9823

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

Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

Affiant's full name

Kenneth Joel Hageman

Telephone number

360-320-4756

421 Lynde Way #1651

Coupeville

City

WA

State

98239

Zip Code

Kenneth J. Hageman
Signature

June 30, 2021
Date

State of Washington County of Skagit

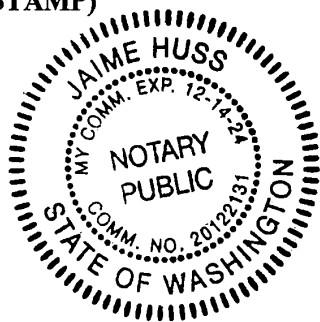
I know or have satisfactory evidence that Kenneth Joel Hageman
(name of person)

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: 06/30/2021

Jaime Huss
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Wafd Bank

Notary Public in and for the State of Washington

My appointment expires: 12/14/2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-019727

DATE ISSUED: 04/27/2021
FEE NUMBER:FIRST AND MIDDLE NAME(S): GERALD KENNETH
LAST NAME(S): HAGEMANCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 23, 2021
HOUR OF DEATH: 09:17 PM
SEX: MALE AGE: 93 YEARS
SOCIAL SECURITY NUMBER: 539-18-4344HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: APRIL 20, 1928
BIRTHPLACE: BURLINGTON, WAMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: TRUCK DRIVER
INDUSTRY: TRUCKING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: KEN HAGEMAN
RELATIONSHIP: SON
ADDRESS: PO BOX 1651 COUPEVILLE, WA 98239CAUSE OF DEATH:
A: SEVERE ALZHEIMER'S DISEASE
INTERVAL: 3 YEARS
B: SEVERE PROTEIN CALORIE MALNUTRITION WITH WEIGHT LOSS
INTERVAL: 1 YEAR
C: FRONTOPARIETAL SUBDURAL HEMATOMA
INTERVAL: 2 MONTHS
D: FREQUENT FALLS DUE TO DEMENTIA AND WEAKNESS
INTERVAL: 1 YEAR

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: CREEKSIDE ASSISTED LIVING

LOCATION OF INJURY: 400 GILKEY RD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY: SKAGITDESCRIBE HOW INJURY OCCURRED: MULTIPLE GROUND LEVEL FALLS
DUE TO WEAKNESS AND DEMENTIA

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 400 E GILKEY RD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 400 E GILKEY ROAD
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER: JULIUS HAGEMAN
MOTHER: MARIE BAILEYMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 27, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: ACCIDENT
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: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 26, 2021CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 210424-61
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: APRIL 27, 2021



Affidavit for Correction

202106300099

06/30/2021 11:10 AM

Center for Health Statistics
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	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 currently shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	

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

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:		Printed name:	
Date:		Date:	

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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

CERTIFIED

APR 27 2021

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



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