



202206290196

06/29/2022 01:14 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 2686

JUN 29 2022

Amount Paid \$ 0  
Skagit Co. Treasurer

By LT Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Barbara Robinson 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 life partner  
Relationship to decedent

of Bruce Gudbranson, who died on May 15, 2022  
Decedent/Grantor Date

at Mount Vernon Skagit WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

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

Forest Estates Lot 33

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessor's Property Tax Parcel/Account Number: P 65 447  
(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 3)

Barbara Ann Robinson 82 Life Partner  
3625 S. Woodland Place, Mount Vernon, WA  
Full name, age, relationship, address 98274

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: June 29, 2022  
Affiant's full name Barbara Ann Robinson  
360-708-9046  
Telephone number 3625 S. Woodland Place  
Mount Vernon WA 98274  
City State Zip Code  
Barbara Ann Robinson June 29, 2022  
Signature Date

State of Washington County of Skagit

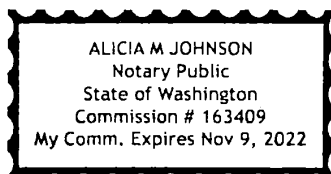
I know or have satisfactory evidence that Barbara Ann Robinson  
(name of person)

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: 6/29/22

Alicia M Johnson  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Mt. Vernon WA

Notary Public in and for the State of Washington

My appointment expires: 11/9/2022

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-026540

DATE ISSUED: 06/03/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **BRUCE ALLEN**

LAST NAME(S): **GUDBRANSON**

COUNTY OF DEATH: **SKAGIT**

DATE OF DEATH: **MAY 15, 2022**

HOUR OF DEATH: **05:47 PM**

SEX: **MALE** AGE: **88 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**

RACE: **WHITE**

BIRTH DATE: [REDACTED]

BIRTHPLACE: **BELLINGHAM, WA**

MARITAL STATUS: **DIVORCED**

SURVIVING SPOUSE: **NOT APPLICABLE**

OCCUPATION: **REFINERY OPERATOR**

INDUSTRY: **PETROLEUM**

EDUCATION: **ASSOCIATE DEGREE**

US ARMED FORCES: **YES**

INFORMANT: **BARBARA ROBINSON**

RELATIONSHIP: **LIFE PARTNER**

ADDRESS: **3625 S. WOODLAND PL., MOUNT VERNON, WA 98274**

CAUSE OF DEATH:

A: **RESPIRATORY FAILURE**

INTERVAL: **DAYS**

B: **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

INTERVAL: **YEARS**

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **PERIPHERAL VASCULAR DISEASE, CEREBRAL VASCULAR ACCIDENT**

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: **DECEDENT'S HOME**

FACILITY OR ADDRESS: **3625 S. WOODLAND PL.**

CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **3625 S. WOODLAND PL.**

CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**

INSIDE CITY LIMITS: **YES**

COUNTY: **SKAGIT**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **58 YEARS**

FATHER: **AUGUST GUDBRANSON**

MOTHER: **RUTH [REDACTED]**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**

DISPOSITION DATE: **MAY 25, 2022**

FUNERAL FACILITY: **KERN FUNERAL HOME**

ADDRESS: **1122 S. 3RD STREET**

CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98273**

FUNERAL DIRECTOR: **DANIEL G LA PLAUNT**

MANNER OF DEATH: **NATURAL**

AUTOPSY: **NO**

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: **NOT APPLICABLE**

DID TOBACCO USE CONTRIBUTE TO DEATH: **YES**

PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **BROOKE ASHCRAFT, DO**

TITLE: **DO**

CERTIFIER ADDRESS: **2116 EAST SECTION STREET**

CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

DATE SIGNED: **MAY 24, 2022**

CASE REFERRED TO ME/CORONER: **NO**

FILE NUMBER: **220516-108**

ATTENDING PHYSICIAN: **LUCIA MULLER, PHYSICIAN**

LOCAL DEPUTY REGISTRAR: **MELISSA M. DOSS**

DATE RECEIVED: **MAY 24, 2022**



## Affidavit for Correction

06/29/2022 01:14 PM Page 5 of 5  
 Marriage, Divorce, Birth 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
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## Required information must match current information on record

Required	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:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	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: _____			
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 <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

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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.
- \*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.

## 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.

## Death Certificates

- 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.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



\*CERTIFIED\*

JUN 03 2022

*Howard Letbrand*  
 Skagit County Health Department  
 Howard Letbrand M.D., Health Officer



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