

Return Address:

Land Title and Escrow Company
111 E. George Hopper Road
Burlington, WA 98233
205978-LT

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 07/25/2022

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lyle S. Henderson & Shawna D. Brown, being first duly sworn 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 and Daughter of Lyle D. Henderson, who died on August 5th, 2021 at
Relationship to decedent Decedent/Grantor Date

Sedro Woolley Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: ptn Lots 9 & 10, Blk 22, West Add., Clear Lake, WA

Assessor's Property Tax Parcel/Account Number: 4144-022-010-0118/P75076
 (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)

Lyle Scott Henderson, Son, 11417 18th Pl. SW, Burien, WA 98146
Full name, age, relationship, address

Shawna D. Brown, 57, Daughter, 824 NE Sutton Place, Bremerton WA 982311
Full name, age, relationship, address

Dated: 20 JULY 2022

Lyle S. Henderson; 206-437-2563; 11417 18th Pl. SW Burien, WA 98146

[Signature]
Signature

7/20/2022
Date

STATE OF WASHINGTON

COUNTY OF KING

Signed and sworn to (or affirmed) before me on this 20 day of JULY, 2022 by Lyle S. Henderson.

[Signature]
Signature

NOTARY PUBLIC
Title

My appointment expires: 07/29, 2025

Seal/Stamp:



Shawna D. Brown; 360-850-2188; 824 NE Sutton Pl. Bremerton, WA 98311

Shawna D. Brown
Signature

22 July 2022
Date

STATE OF WASHINGTON

COUNTY OF Kitsap

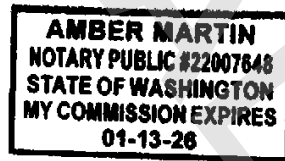
Signed and sworn to (or affirmed) before me on this 22nd day of July, 2022 by Shawna D. Brown.

Amber Martin
Signature

Notary Public
Title

My appointment expires: 01/13, 2026

Seal/Stamp:



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-038320

DATE ISSUED: 05/18/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LYLE DIXON
LAST NAME(S): HENDERSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 05, 2021

HOUR OF DEATH: 07:05 PM

SEX: MALE

AGE: 83 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: CLEAR LAKE, WA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: AGENT

INDUSTRY: INSURANCE COMPANY

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: LYLE SCOTT HENDERSON

RELATIONSHIP: SON

ADDRESS: 11417 - 18TH PLACE SW, BURIEN, WA 98146

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: YEARS

B: VALVULAR HEART DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
DIABETES, DEMENTIA

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: BIRCHVIEW MEMORY CARE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 925 DUNLOP AVENUE

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: LYLE RAPHAEL HENDERSON

MOTHER: VERNA BEATRICE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: AUGUST 10, 2021

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

ADDRESS: PO BOX 433

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER 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 RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 09, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: AUGUST 10, 2021

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

07/25/2022 04:25 PM Page 5 of 5
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	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:
	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 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:

Telephone Number: ()	Email Address:
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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 foregoing 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.

CERTIFIED

MAY 18 2022



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



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