

Return Address:

Foster Cochran

1318 Harrison Avenue

Centralia WA 98531

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/26/2022

G.W. 22-16122

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Foster Cochran, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is son

of Peggy Joyce Cochran who died on 8/15/2020

at _____

Decedent/Grantor *Date*
City *County* *State*

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: Ptn. Lots 3 & 4, Block 4, PLAT OF MOUNTAIN VIEW ON CLEAR LAKE Igw Vac Rd

The West 75 feet of said Lots 3 and 4, Block 4, "PLAT OF MOUNTAIN VIEW ON CLEAR LAKE",
as per plat recorded in Volume 2 of Plats, page 65, records of Skagit County, Washington; TOGETHER
WITH the adjoining East 44 feet of vacated Main Street that has reverted by operation of law.

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

P74908/4139-004-004-0012

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

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*):

Mishelle Bojorquez, daughter

Full name, age and relationship

28380 Mary Place, Murrietta CA 92563

Address City State Zip

Foster Cochran, son

Full name, age and relationship

1318 Harrison Avenue, Centralia WA 98531

Address City State Zip

Jami Still, son

Full name, age and relationship

Address City State Zip

Alma Lennox, sister

Full name, age and relationship

1501 Collins Road, Sedro-Woolley WA 98284

Address City State Zip

Betty Sauers, sister

Full name, age and relationship

218 South 101st Street, Seattle WA 98168

Address City State Zip

Georgia Sanders, sister

Full name, age and relationship

8853 Haystack Lane, Concrete WA 98237

Address City State Zip

Harvey Fish, brother

Full name, age and relationship

22431 Cook Road, Sedro-Woolley WA 98284

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 \$ 0 of which approximately \$ 0 was the separate property of the decedent.

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: 08/11/2022

Foster Cochran

(360) 669-6790

Affiant's full name: Foster Cochran

Telephone number

1318 Harrison Ave, Centralia WA 98531

Street

City

State

Zip Code

State of Texas County of Bell

I know or have satisfactory evidence that Foster Cochran
(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: August 11, 20 22



Signature of Notary Public

(SEAL OR STAMP)

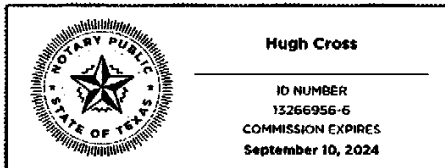
Residing at Texas

Notary Public in and for the State of Texas

My appointment expires: September 10, 20 24

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

Notarized online using audio-video communication



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-037745

DATE ISSUED: 09/24/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): PEGGY JOYCE
LAST NAME(S): COCHRAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 15, 2020
HOUR OF DEATH: UNKNOWN
SEX: FEMALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 590 ANDREW DRIVE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 590 ANDREW DRIVE
CITY, STATE, ZIP: BURLINGTON, WA 98233-1450
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: WATERTOWN, SD

FATHER: HARVEY CHARLES FISH
MOTHER: [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FOREST PARK CEMETERY

OCCUPATION: BANK TELLER
INDUSTRY: BANKING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: CONCRETE, WASHINGTON
DISPOSITION DATE: AUGUST 22, 2020

INFORMANT: FOSTER COCHRAN
RELATIONSHIP: SON
ADDRESS: 1318 HARRISON AVE., CENTRALIA, WA 98531

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. MUTTER

CAUSE OF DEATH:
A: MYOCARDIAL INFARCTION
INTERVAL: 1 MONTH
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ASTHMA, PERIPHERAL ARTERY DISEASE

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: DANIEL H. GARCIA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 7438 SOUTH D AVENUE
CITY, STATE, ZIP: CONCRETE, WA 98237
DATE SIGNED: AUGUST 18, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO MEICORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 18, 2020

DCH 422-132 (8/15)

NOT VALID IF PHOTOCOPIED OR ALTERED

Health **Affidavit for Correction** Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-7300
DOH 422-654 August 2019
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.

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First, Middle, Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: (City, 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)

6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO Box, City, State, Zip
Telephone Number: Email Address:

Use the section below for requesting any changes on this record. The record is incorrect or incomplete as follows:

9. The record currently shows:	10. The true fact is:
11.	12.
13.	14.

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 2nd parent (if required):
Printed name: Date: Printed name: 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

- 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 (see Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include court/court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last names can be changed once to other parent's name on certificate (and to any other variant 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 (and on the certificate are required, if one parent is deceased, submit a death certificate in 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, executor's 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 residential) 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

SEP 24 2020

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



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Confirmation of the accuracy of this record is required by law. If you are not satisfied, please contact the Health Department.