



202209140072

09/14/2022 03:44 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Kathryn C. Partridge
1030 E. Fairhaven Ave. Unit A
Burlington, WA 98233

REVIEWED BY
SKAGIT COUNTY TREASURER

DEPUTY

DATE

Dena Thompson
9.14.22

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kathryn Partridge, 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

Wife

Relationship to decedent

of

Buddy F. Partridge, Jr.

Decedent/Grantor

, who died on

8/16/21

Date

at

Bow

City

Skagit

County

WA

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lots 1+2, BLK 47, Amended plat of Burlington

Assessor's Property Tax Parcel/Account Number:

71610

(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 _____)

Full name, age, relationship, address

Kathryn Partridge, 70, wife

1030 E. Fairhaven Ave. Unit A Burlington, WA 98233

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

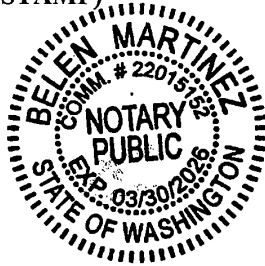
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 9/14/22Affiant's full name Kathryn C. PartridgeTelephone number 360-661-27491030 E. Fairhaven Ave. Unit ABurlington WA 98253
City State Zip CodeKathryn C. Partridge 9/14/22
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Kathryn C. Partridge
(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: 09/14/2022Belen Martinez
Signature of Notary Public(SEAL OR
STAMP)Residing at: Skagit CountyNotary Public in and for the State of WashingtonMy appointment expires: 03/30/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 11/03/2021
FEE NUMBER:

CERTIFICATE NUMBER: 2021-039781

FIRST AND MIDDLE NAME(S): BUDDY FRITZ
LAST NAME(S): PARTRIDGE JR

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 16, 2021

HOUR OF DEATH: 06:03 PM

SEX: MALE AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MAYWOOD, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KATHRYN MARIE CASON

OCCUPATION: LINEMAN

INDUSTRY: HIGH VOLTAGE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: AMBER SORIA

RELATIONSHIP: DAUGHTER

ADDRESS: PO BOX 988 BURLINGTON, WA 98233

CAUSE OF DEATH:

A: PAPILLARY THYROID CANCER WITH METASTASIS

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEIZURE DISORDER, LEFT HIP FRACTURE DUE TO GROUND LEVEL FALL

DATE OF INJURY: AUGUST 12, 2021

HOUR OF INJURY: 04:13 PM

INJURY AT WORK: NO

PLACE OF INJURY: ASSISTED LIVING FACILITY

LOCATION OF INJURY: 400 GILKEY ROAD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 2360 OYSTER CREEK LN

CITY, STATE, ZIP: BOW, WASHINGTON 98232-8568

RESIDENCE STREET: 2360 OYSTER CREEK LN

CITY, STATE, ZIP: BOW, WA 98232-8568

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: BUDDY F PARTRIDGE SR

MOTHER: HELEN LOUISE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: AUGUST 22, 2021

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

FUNERAL DIRECTOR: BRADLEY W. BYTNAR

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 17, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NJA

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GUADALUPE AYALA

DATE RECEIVED: AUGUST 18, 2021

**Affidavit for Correction****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: 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 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:		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:				
<ul style="list-style-type: none"> • 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).				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Child under 18</p> <ul style="list-style-type: none"> • 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. </div> <div style="width: 48%;"> <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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. </div> </div>				
*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

NOV 03 2021

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



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