



202210110078

10/11/2022 02:21 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Return Address:

David Anderson  
2329 Austin Ln  
Mt Vernon WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022-4154  
OCT 11 2022

Amount Paid \$ 0  
By Skagit Co. Treasurer  
SLB Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee David Anderson, 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 the surviving spouse  
Relationship to decedent  
of Jeanne Anderson, who died on 9/23/22  
Decedent/Grantor Date  
at Mt. Vernon Skagit Co Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

PTN NW 1/4 NW 1/4, Section 16, Township 34  
North, Range 4 East WM

Assessor's Property Tax Parcel/Account Number: P25022  
(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)

David Austin Anderson, 76, surviving  
spouse, 2329 Austin Ln, Mt Vernon, WA 98278

*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

Dated: 10/11/2022

DAVID AUSTIN ANDERSON

Affiant's full name

360/661-5246

Telephone number

2329 AUSTIN LANE

MT. VERNON WA. 98273  
City State Zip Code

David Anderson 10/11/22  
Signature Date

State of WASHINGTON County of SKAGIT

I know or have satisfactory evidence that DAVID ANDERSON  
(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: 10/11/2022

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: 1777 Starbuckton Blvd Burlington WA

Notary Public in and for the State of WA

My appointment expires: 11/02/2024

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-049660

DATE ISSUED: 09/29/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JEANNE  
LAST NAME(S): ANDERSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 23, 2022  
HOUR OF DEATH: 05:55 PM  
SEX: FEMALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 2329 AUSTIN LANE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: OCEAN PARK, WA

FATHER: WILLIAM WICKBERG  
MOTHER: DOROTHY [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DAVID ANDERSON

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: BUSINESS OWNER  
INDUSTRY: TRUCKING  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 29, 2022

INFORMANT: DAVID ANDERSON  
RELATIONSHIP: HUSBAND  
ADDRESS: 2329 AUSTIN LANE MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: MULTI ORGAN FAILURE DUE TO METASTATIC COLORECTAL CANCER  
INTERVAL: HOURS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: MALIK FUIMAONO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: SEPTEMBER 29, 2022

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: SEPTEMBER 29, 2022



# 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
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<b>Required</b>	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 <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 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	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**

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**

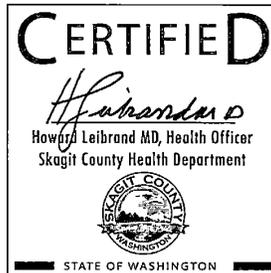
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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