

**Return Address:**

Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221  
207733-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/10/2022

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Marian Johnson, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

wife of Norman V. Johnson  
*Relationship to decedent* *Decedent/Grantor*

who died on March 4, 2016 at  
*Date*

Anacortes Skagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lots 5-7, Blk 224, Anacortes

Assessor's Property Tax Parcel/Account Number: 3772-244-007-0007/P56387  
(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)

Marian Johnson 87 wife

Full name, age, relationship, address

400 Gilkey Ave #317  
Burlington WA 98233

Full name, age, relationship, address

Doreen Olson - daughter  
Bellingham WA

Full name, age, relationship, address

Marvel Collings - daughter  
Blaine WA

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

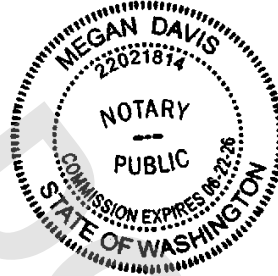
Dated: 11-4-22  
Marian Ruth Johnson  
Affiant's full name  
360-707-5646  
Telephone number  
400 Gilkey Ave #317  
Street  
Burlington WA 98233  
City State Zip Code  
Marian R Johnson 11/4/22  
Signature Date

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 4<sup>th</sup> day of Nov, 2022 by  
Marian R Johnson

Megan Davis  
Signature  
Notary  
Title

My appointment expires: 6-22, 2026



**Legal Description**

Lots 5, 6 and 7, Block 244, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

# CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-009307

DATE ISSUED: 06/14/2016

FEE NUMBER: 0000000029

GIVEN NAMES: NORMAN VICTOR  
LAST NAME: JOHNSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 04, 2016  
HOUR OF DEATH: 11:00 A.M.  
SEX: MALE  
AGE: 92 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE:  
BIRTHPLACE: BLAINE, WHATCOM CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: MARIAN RUTH BEECH

OCCUPATION: ELECTRICIAN  
INDUSTRY: BUILDING  
EDUCATION: 9-12TH GRADE, NO DIPLOMA  
US ARMED FORCES? YES

INFORMANT: MARIAN R. JOHNSON  
RELATIONSHIP: SPOUSE  
ADDRESS: 2413 12TH ST, ANACORTES, WA 98221

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2413 12TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2413 12TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES

COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER/PARENT: JOHNNIE JOHNSON  
MOTHER/PARENT: MARIE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE CARE CENTER CREMATORY  
CITY, STATE: SEATTLE, WA  
DISPOSITION DATE: MARCH 18, 2016

FUNERAL FACILITY: NEPTUNE SOCIETY - SNOHOMISH  
ADDRESS: 19324 40TH AVE W. WA  
CITY, STATE, ZIP: LYNNWOOD WA 98036  
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:  
A. COLON CANCER  
INTERVAL: 9 MONTHS  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEMAN DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: MARCH 04, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: DATE DISP

NUMBER(S): 2016061637  
DATE(S): 03/21/2016

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

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: MARCH 07, 2016



# Affidavit for Correction

202211100068

Mail to: Center for Health Statistics  
11/10/2022 03:02 PM  
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**

<b>Required</b>	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 Legal 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: \_\_\_\_\_

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

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

**I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct**

16a. Signature: \_\_\_\_\_

16b. 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****Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

**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.
- Documentary proof must be five or more years old or established within five years of birth.

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)****Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

**\*CERTIFIED\***

JUN 14 2016

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

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