



202212020037

12/02/2022 10:56 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 4775
DEC 2 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

AFFIDAVIT (LACK OF PROBATE)

CONGER

The undersigned affiant/grantee EDWARD J. CONGER, 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 HUSBAND
Relationship to decedent

of APRIL E. CONGER, who died on 11/21/22
Decedent/Grantor *Date*

at EVERETT SNOHOMISH WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
LOT 25, COLLEGE MEADOW DIVISION NUMBER 2

Assessor's Property Tax Parcel/Account Number: P81171
(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 _____)

EDWARD J. CONGER, HUSBAND, 70 YEARS, HEIR
2422 E. KINCAID ST. MT. VERNON, WA 98274
Full name, age, relationship, address

Dated : 12/2/22

EDWARD J. CONGER

Affiant's full name

360-428-2924

Telephone number

2422 E. KINCAID ST.

Street

MT. VERNON

W.A.

98274

City

State

Zip Code

Carol J. Lynn
Signature

12/2/22
Date

State of Washington County of Skagit

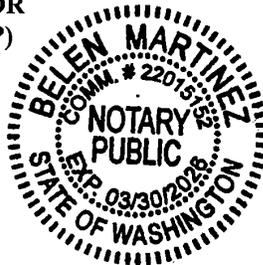
I know or have satisfactory evidence that Edward J. Conger
(name of person)

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: 12/02/2022

Belen Martinez
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Skagit County

Notary Public in and for the State of Washington

My appointment expires: 03 / 30 / 2026



STATE OF WASHINGTON DEPARTMENT OF HEALTH


CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2022-060573

LOCAL FILE NUMBER: 11339

DATE ISSUED: 11/30/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): APRIL ELLEN
LAST NAME(S): CONGER

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: NOVEMBER 21, 2022
HOUR OF DEATH: 09:00 PM
SEX: FEMALE AGE: 64 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SUNBURST, MT

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: EDWARD J CONGER

OCCUPATION: SUPERVISOR
INDUSTRY: AUTO LICENSING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: EDWARD J CONGER
RELATIONSHIP: HUSBAND
ADDRESS: 2422 E KINCAID ST MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: CARDIAC FAILURE AFTER OPEN HEART SURGERY
INTERVAL: 9 HOURS
B: HEART FAILURE WITH SYNCOPE RELATED TO SEVERE AORTIC VALVE STENOSIS
INTERVAL: 3 MONTHS
C: BICUSPID AORTIC VALVE
INTERVAL: YEARS
D: TURNERS SYNDROME
INTERVAL: LIFELONG

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, SMOKING
HISTORY, OBESITY, HYPERLIPIDEMIA, CORONARY ARTERY DISEASE

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: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 2422 E KINCAID ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 38 YEARS

FATHER: RONALD LUND
MOTHER: YULENE [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 30, 2022

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

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

CERTIFIER NAME: CARLOS GARCIA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1330 ROCKEFELLER AVE SUITE 400
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201
DATE SIGNED: NOVEMBER 29, 2022

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

LOCAL DEPUTY REGISTRAR: LAUREN NEWMAN
DATE RECEIVED: NOVEMBER 30, 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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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"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)
7. Return Mailing Address: 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:	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.
- *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

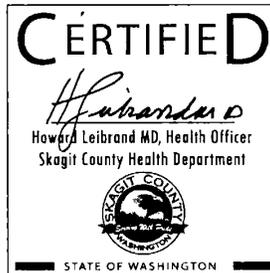
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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