



202301090071

01/09/2023 03:47 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Jason Moore
407 Murdock Street
Sedro-Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 1-9-23

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jason E. Moore, 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 Grandson
Relationship to decedent

of Phyllis M. Moore, who died on 12-5-22
Decedent/Grantor Date

at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

(1.9700 ac) INC M/H 1880 PARKW 70 S6x24: PTN S $\frac{1}{2}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$, SECTION 3,
TOWNSHIP 34 NORTH, RANGE 2 EAST W.M., DAF BAAP ON N LI SD S $\frac{1}{2}$ OF SW $\frac{1}{4}$
NW $\frac{1}{4}$ 286.27 FT E OF W LI THOF SD PT BEING TPOB

Assessor's Property Tax Parcel/Account Number: 19682
(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)

Jason Elwood Moore / 43 / Grandson
407 Mendocino Street / Sedro-Woolley WA 98284
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

Full name, age, relationship, address

Dated: Jan 9, 2023

Jason E Moore
Affiant's full name

360-202-4023
Telephone number

407 Murdock Street

Sedro-Woolley WA 98284
City State Zip Code

[Signature] 1-9-23
Signature Date

State of Washington County of Skagit

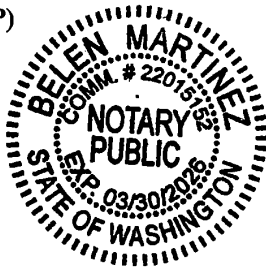
I know or have satisfactory evidence that Jason E Moore
(name of person)

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: 01/09/2023

[Signature]
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



DATE ISSUED: 12/16/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-063791

FIRST AND MIDDLE NAME(S): PHYLLIS MARLENE
LAST NAME(S): MOORE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 05, 2022 FOUND
HOUR OF DEATH: 07:30 PM FOUND
SEX: FEMALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SELF EMPLOYED
INDUSTRY: COMMERCIAL FISHING SUPPLIES
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: JOHN ELWOOD MOORE
RELATIONSHIP: SON
ADDRESS: 18198 DUNBAR RD., MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: NEWLY DISCOVERED ELEVATED BLOOD PRESSURE BY NEW PRIMARY CARE PROVIDER
INTERVAL: MONTHS TO YEARS
B: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: MONTHS TO YEARS
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 9056 S MARCH POINT RD.
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 9056 S MARCH POINT RD.
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 55 YEARS

FATHER: CHARLES ALONZO BATES
MOTHER: BERNICE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 15, 2022

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION
SERVICE INC
ADDRESS: 746 NE MIDWAY BLVD
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
FUNERAL DIRECTOR: PAUL E. KUZINA

MANNER OF DEATH: NATURAL
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: ANNA M. CASILLAS, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1500 COMMERCIAL AVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: DECEMBER 15, 2022

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: DECEMBER 15, 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"/> 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: Printed name: _____ Date: _____	14b. Signature of 2 nd parent (if required): Printed name: _____ Date: _____
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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

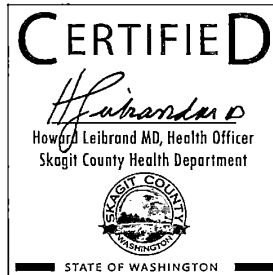
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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