



202303200048

03/20/2023 02:34 PM Pages: 1 of 7 Fees \$209.50  
Skagit County Auditor

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 5859

MAR 20 2023

Amount Paid \$ 0  
Skagit Co. Treasurer

By [Signature] Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Jan Isaacson, 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 daughter  
Relationship to decedent

of Lloyd W. Winchester, who died on 8/1/19  
Decedent/Grantor Date

at Bow Skagit WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Ptn Tot Gov. lot 10  
33-36-3 W m

Assessor's Property Tax Parcel/Account Number: P 48554  
(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 \_\_\_\_\_)

Ben Isaacson 55, daughter  
*Full name, age, relationship, address*  
14639 East Edison Rd Bow WA 98232

*Full name, age, relationship, address*  
M11 Winchester 50, Lake Stevens WA.

*Full name, age, relationship, address*

Dated: 3/20/23

Jan Lynn Isaacson

Affiant's full name

360-445-3352

Telephone number

141039 East Edison Rd Bow 98232

Street

City State Zip Code

Jan Isaacson  
Signature

3/20/23  
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Jan Lynn Isaacson  
(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: 03/20/2023

[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

**EXHIBIT A**

That portion of Government Lot 10, Section 33, Township 36 North, Range 3 East, W.M., described as follows:

Beginning at the intersection of the Westerly line of the Old County road through Lot 10 with a line parallel with and 330 feet South of the North line of said Lot 10 (said point being the Southeast corner of a tract conveyed April 26, 1893, to E.C. Brown by deed recorded in Volume 31 of Deeds, page 59, records of Skagit County, Washington);  
thence West along the South line of said Brown Tract to the West line of Government Lot 10;  
thence South along said West line to the Northerly line of the Old County road;  
thence Northeasterly along said County road to the point of beginning,

EXCEPT that portion conveyed to David Swanson by deed recorded under Auditor's File No. 9612040001, records of Skagit County, Washington, described as follows:

Beginning at the intersection of the West marginal line of the County road with the North line of a tract conveyed to A. Hall by instrument recorded March 29, 1890, in Volume 10 of Deeds, page 293, records of Skagit County, Washington;  
thence West along the North line of said A. Hall Tract a distance of 151 feet;  
thence South a distance of 70 feet;  
thence East parallel with said North line of said A. Hall Tract to the West marginal line of said County road;  
thence Northeasterly along said West marginal line to the point of beginning.

ALSO EXCEPT that portion of Government Lot 10, Section 33, Township 36 North, Range 3 East, W.M., described as follows:

Beginning at the intersection of the West marginal line of the County Road with the North line of a tract conveyed to A. Hall by instrument recorded March 29, 1890, in Volume 10 of Deeds, page 293, records of Skagit County, Washington;  
thence West along the North line of said A. Hall Tract a distance of 151 feet;  
thence South a distance of 70 feet;  
thence East parallel to said North line of said A. Hall Tract to the West marginal line of said County Road and the true point of beginning;  
thence Southerly along said West marginal line of said County Road to a point that is 20 feet South of and parallel to the South line of a tract of land conveyed to David Swanson by deed recorded under Auditor's File No. 9612040001;  
thence Westerly, parallel to said Southerly line of said Swanson Tract, and the Westerly extension thereof, a distance of 185 feet, more or less, to a point that is 20 feet South and 25 feet West of the Southwest corner of said Swanson Tract;  
thence North, parallel to the West line of said Government Lot 10, a distance of 70 feet, more or less, to a point that is 350 feet South of the North line of said Government Lot 10;  
thence Westerly, parallel to said North line, to the West line of said Government Lot 10;

ALTA Extended Loan Policy  
Policy No.:  
Order No.: -B  
Schedule "A-1"  
DESCRIPTION CONTINUED:

thence North 20 feet to a point 330 feet South of the North line of said Government Lot 10;  
thence East along the South line of said A. Holl Tract to the Northwest corner of said Swanson Tract;  
thence South 70 feet to the Southwest corner of said Swanson Tract;  
thence East along the South line of said Swanson Tract to the point of beginning.

Situate in the County of Skagit, State of Washington.

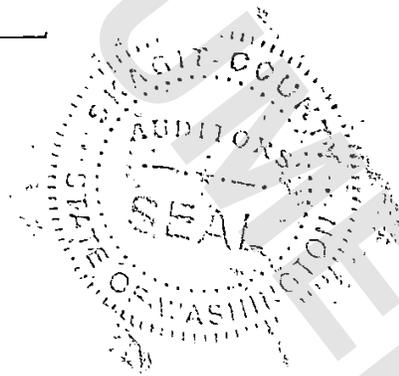
STATE OF WASHINGTON }  
COUNTY OF SKAGIT COUNTY } SS

As Auditor of Skagit County, I do hereby certify that the foregoing instrument is a true and correct copy of the original now on file in this office.

IN WITNESS WHEREOF, I set my hand and seal as Auditor of Skagit County this 20th day of March, 2023.

*Sandra Perkins*  
Auditor

*Michelle Kealey*  
Deputy Auditor



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-035485

DATE ISSUED: 08/21/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LLOYD W  
LAST NAME(S): WINCHESTER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 01, 2019  
HOUR OF DEATH: 04:30 PM  
SEX: MALE AGE: 79 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 14639 E EDISON RD  
CITY, STATE, ZIP: BOW, WASHINGTON 98232

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

RESIDENCE STREET: 14639 E EDISON RD  
CITY, STATE, ZIP: BOW, WA 98232  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BISBEE, AZ

FATHER/PARENT: LLOYD P WINCHESTER  
MOTHER/PARENT: NANCY [REDACTED]

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

OCCUPATION: FORKLIFT OPERATION  
INDUSTRY: LABOR  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

CITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: AUGUST 13, 2019

INFORMANT: JILL WINCHESTER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 8926 206TH ST, SNOHOMISH, WA 98296

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE 106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: BRADLEY W. BYTNAR

CAUSE OF DEATH:  
A: PARKINSONS DISEASE  
INTERVAL: YEARS  
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: DENIS A. HARLOCK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: PO BOX 450  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284  
DATE SIGNED: AUGUST 05, 2019

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: CHERYL PETERSON  
DATE RECEIVED: AUGUST 13, 2019

# Affidavit for Correction

03/20/2023 02:34 PM Page 7 of 7  
Map to: Center for Health Statistics  
P.O. Box 47814  
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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<b>Required</b>	<b>Required information must match current information on record</b>				
	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 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:	Printed name:
Date:	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

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. 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 using this form, 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

1. 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). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

# \*CERTIFIED\*

AUG 2 1 2019

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



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