



202303310056

03/31/2023 12:27 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

JASON R. BALLARD
1612 7th St
ANACORTES, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Thompson
DATE 3.31.23

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JASON R. BALLARD, 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 son
Relationship to decedent
of KAREN J. BALLARD, who died on 04-04-2020
Decedent/Grantor Date
at Coupeville Island Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOTS 14, 15 and 16 Block 140
ANACORTES

Assessor's Property Tax Parcel/Account Number: 55901
(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 _____)

JASON R. BALLARD 60 SON
1612 7th ST. ANACORTES, WA 98221

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

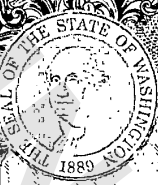
Full name, age, relationship, address

Full name, age, relationship, address

Dated : 03-31-2023Affiant's full name JASON ROY BALLARDTelephone number (360)-503-3137City ANACORTES State WA Zip Code 98221Signature Jason R Ballard Date 03-31-2023State of Washington County of SkagitI know or have satisfactory evidence that Jason Roy Ballard
(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: 03/31/23Signature of Notary Public [Signature](SEAL OR
STAMP)Residing at: Skagit CountyNotary Public in and for the State of WashingtonMy appointment expires: 03/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-018411

LOCAL FILE NUMBER: 190-20

DATE ISSUED: 07/17/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KAREN JUL
LAST NAME(S): BALLARD

COUNTY OF DEATH: ISLAND

DATE OF DEATH: APRIL 04, 2020

HOUR OF DEATH: 02:55 PM

SEX: FEMALE AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTH PLACE: ANACORTES, WA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOUSEKEEPER

INDUSTRY: HOSPITALITY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: JONATHAN BALLARD

RELATIONSHIP: SON

ADDRESS: 204 N MAIN STREET, APT 13, COUPEVILLE, WA, 98239

CAUSE OF DEATH:

A: CARDIAC ARREST WITH VENTRICLE TACHYCARDIA AND FIBRILLATION

INTERVAL: 10-20 MINUTES

B: SEVERE SEPSIS SHOCK

INTERVAL: 2-4 HOURS

C: HEART ATTACK

INTERVAL: 2-4 HOURS

D: STATUS SEIZURE

INTERVAL: 1-2 HOURS

OTHER CONDITIONS CONTRIBUTING TO DEATH: PNEUMONIA, URINARY TRACT
INFECTION, DEHYDRATION, ACUTE KIDNEY INJURY, CONGESTIVE HEART
FAILURE, DEMENTIA

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP: COUPEVILLE

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM

FACILITY OR ADDRESS: WHIDBEY HEALTH

CITY, STATE, ZIP: COUPEVILLE, WASHINGTON 98239

RESIDENCE STREET: 204 N MAIN STREET, APT 13

CITY, STATE, ZIP: COUPEVILLE, WA 98239

INSIDE CITY LIMITS: YES COUNTY: ISLAND

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: HARRY T MOLLER

MOTHER: KARI C [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: APRIL 23, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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

CERTIFIER NAME: DE AN WANG; ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 101 N. MAIN ST

CITY, STATE, ZIP: COUPEVILLE, WA 98239

DATE SIGNED: APRIL 06, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: DEAN WANG

LOCAL DEPUTY REGISTRAR: BARBARA COPE

DATE RECEIVED: APRIL 22, 2020



Affidavit for Correction

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This is a legal document. Complete in ink and do not alter.

 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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:		2. Date of Event:	3. Place of Event:
	First Middle Last	MM/DD/YYYY	(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First Middle Last/Maiden	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 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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 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

- 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.
- 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 January 2015


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

CERTIFIED

JUL 17 2020

 Skagit County Health Department
 Howard Leibrand M.D., Health Officer


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