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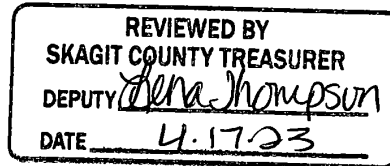
04/17/2023 03:50 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Return Address:

Tamara Chantelle Johnston

44184 Grassmere Rd

Concrete, WA 98237



**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Tamara Chantelle Johnston, 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 Willard Max Johnston, who died on 02/06/2023

*Decedent/Grantor*

*Date*

at Concrete

Skagit

Washington

*City*

*County*

*State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

(2.4900 ac)(TITLE ELIMINATION AF#201901250077) INCL M/H 2018  
FLEETWOOD 70X37 VIN NO. FLE2100R18-18877ABC; LOTS 4 AND 5, EVERETT'S  
FERTILE ACRES, ACCORDING TO THE PLAT RECORDED IN VOLUME 7 OF PLATS,  
PAGES 16 AND 17, RECORDS OF SKAGIT COUNTY, WASHINGTON. EXCEPT THE  
EAST 90 FEET OF THE NORTH 190 FEET OF LOT 4, EVERETT'S FERTILE ACRES,  
ACCORDING TO THE PLAT RECORDED IN VOLUME 7 OF PLATS, PAGES 16 AND  
17, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P111671

(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 3)

Darrin Gregory Johnston , 57, Son

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25220 E Tonopah Trail Benson, AZ 85602

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*Full name, age, relationship, address*

Stephanie Brooke Gutierrez , 39 , Daughter

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8019 200th St Ne #72 Arlington, Wa 98223

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*Full name, age, relationship, address*

Tamara Chantelle Johnston , 33 , Daughter

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44184 Grassmere Rd Concrete, WA 98237

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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Dated: April 17, 2023Tamara Chantelle Johnston

Affiant's full name

360-404-0152

Telephone number

44184 Grassmere RdConcrete

City

WA

Street

State

98237

Zip Code

Tamara Johnston  
Chantelle

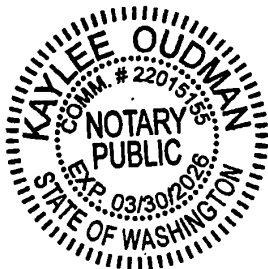
Signature

April 17, 2023

Date

State of Washington County of SnohomishI know or have satisfactory evidence that Tamara Chantelle Johnston  
(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: 4/17/2023(SEAL OR  
STAMP)Kaylee Oudman  
Signature of Notary PublicResiding at: Sedro WoolleyNotary Public in and for the State of WashingtonMy appointment expires: 3/30/2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-005903

DATE ISSUED: 02/07/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLARD MAX

LAST NAME(S): JOHNSTON

AKA: MAX JOHNSTON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 06, 2023

HOUR OF DEATH: 11:56 AM

SEX: MALE AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MADISONVILLE, TN

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: POLICE OFFICER

INDUSTRY: LAW ENFORCEMENT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: TAMARA JOHNSTON

RELATIONSHIP: DAUGHTER

ADDRESS: 44184 GRASSMERE ROAD, CONCRETE, WA 98237

CAUSE OF DEATH:

A: UNSPECIFIED NATURAL CAUSES

INTERVAL: IMMEDIATE

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MERKEL CELL CARCINOMA,  
CORONARY ARTERY DISEASE, CEREBROVASCULAR DISEASE, TYPE 2  
DIABETES

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: 44184 GRASSMERE ROAD

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 44184 GRASSMERE ROAD

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: GRADY RUDICILLE JOHNSTON

MOTHER: BINNIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 08, 2023

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ALYSSA M. SANTOS, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1400 E. KINCAID

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: FEBRUARY 06, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 230206-816

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: FEBRUARY 07, 2023

**Affidavit for Correction**

Mail 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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
8.	9.
10.	11.
12.	13.

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

14a. Signature:		14b. 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**

- 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**

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

**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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

**Death Certificates**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

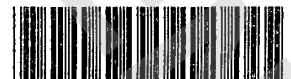
**Marriage/Dissolution (Divorce) Certificates**

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

**\*CERTIFIED\***

FEB 07 2023

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



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