

**202304260092**04/26/2023 01:37 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

## Return Address:

Rose Gordon  
18343 W Big Lake Blvd  
Mt Vernon, WA 98274SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX2023 6257

APR 26 2023

Amount Paid \$ 0  
Skagit Co. Treasurer  
By LT Deputy**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Roseann B. Gordon, 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 wife of  
Relationship to decedentof Allen D. Gordon, who died on Jan 9, 2015  
Decedent/Grantor Dateat Mt Vernon, Skagit County, Washington  
City County State**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 1, that portion of tracts 55 & 56, big lake  
waterfront tracts Skagit county, WashingtonAssessor's Property Tax Parcel/Account Number: 62048  
(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 \_\_\_\_\_)

Full name, age, relationship, address

Roseann B Gordon, wife aged 54  
18343 W Big Lake Blvd

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: April 26, 2023Roseann Betty Gordon

Affiant's full name

425-652-1556

Telephone number

18343 W Big Lake BlvdMt Vernon <sup>Street</sup> Washington 98274

City

State

Zip Code

Roseann Betty Gordon April 26, 2023

Signature

Date

State of Washington County of SkagitI know or have satisfactory evidence that Roseann B. Gordon

(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: 4/26/23Candi Newcombe

Signature of Notary Public

(SEAL OR  
STAMP)

NOTARY PUBLIC  
STATE OF WASHINGTON  
CANDI NEWCOMBE  
License Number 47549  
My Commission Expires 08-01-2025

Residing at: Mt VernonNotary Public in and for the State of WAMy appointment expires: 08/01/2025

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-001180

DATE ISSUED: 01/21/2015

FEE NUMBER: 000000029

GIVEN NAMES: ALLEN DOUGLAS  
LAST NAME: GORDON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 09, 2015  
HOUR OF DEATH: 05:30 P.M.  
SEX: MALE  
AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: BROOKFIELD, COOK CNTY, ILLINOIS

MARITAL STATUS: MARRIED  
SPOUSE: ROSEANN BETTY REIJM

OCCUPATION: SELF EMPLOYED  
INDUSTRY: WOODWORKING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: ROSE GORDON  
RELATIONSHIP: WIFE  
ADDRESS: 18343 W. BIG LAKE BLVD., MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 18343 W BIG LAKE BLVD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 18343 W BIG LAKE BLVD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: EDWIN FREDERICK GORDON  
MOTHER: JENNIFER [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: JANUARY 15, 2015

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON WA 98273  
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:  
A. STAGE 4 CARCINOMATOSIS  
INTERVAL: 04/2006  
B. CASTRATION RESISTANT PROSTATE CANCER  
INTERVAL: 10/2006  
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:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: HOUSHANG SHETABI, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
DATE SIGNED: JANUARY 14, 2015

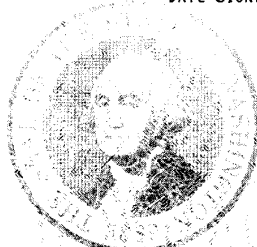
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA-030  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: JANUARY 15, 2015





## Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300  
www.doh.wa.gov

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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Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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The record is incorrect or incomplete as follows:

The record now shows:		The true fact is:	
6.		7.	
8.		9.	
10.		11.	
12.		13.	

14. I represent the person as:	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
(Printed Name)		

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

**Examples of acceptable documentary proof:**

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

## Birth Certificates

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
  - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, 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.
  - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

**\*CERTIFIED\***

JAN 21 2015

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

BB00052629