

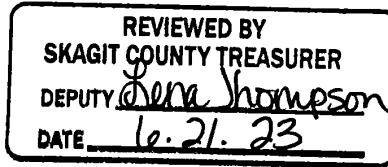


202306210025

06/21/2023 11:12 AM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Return Address:

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



### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Eric Cowee, 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 SON

*Relationship to decedent*

of MARTORIE A. COWEE, who died on 9/25/2022  
*Decedent/Grantor* *Date*

at MOORE VERMONT SKAGIT WA  
*City* *County* *State*

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN LOT 29, VIEW CREST.

Assessor's Property Tax Parcel/Account Number: P 54711  
(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)

ERIC JOHN COWEE 55 SOW 2720 W 27<sup>TH</sup> ST  
MOUNT UERWON WA 98273

Full name, age, relationship, address

N/A

Full name, age, relationship, address

N/A

Full name, age, relationship, address

N/A

Full name, age, relationship, address

N/A

Full name, age, relationship, address

N/A

Full name, age, relationship, address

N/A

Full name, age, relationship, address

N/A

Full name, age, relationship, address

Dated: 6/20/2023ERIC JOHN COWEE

Affiant's full name

360-708-5743

Telephone number

2720 W. 27TH STMOUNT VERNON WA 98273

City

State

Zip Code

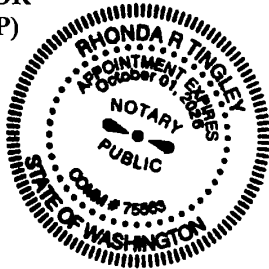
Eric Cowee 6/20/2023

Signature

Date

State of Washington County of SkagitI know or have satisfactory evidence that Eric Cowee  
(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: 6/20/2023Rhonda R Tingley  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: BurlingtonNotary Public in and for the State of WashingtonMy appointment expires: 10/1/2025

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-049264

DATE ISSUED: 09/28/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARJORIE ANN

LAST NAME(S): COWEE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 25, 2022

HOUR OF DEATH: 06:45 PM

SEX: FEMALE AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: COMPTON, CA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MANAGER

INDUSTRY: TELEPHONE COMPANY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: ERIC COWEE

RELATIONSHIP: SON

ADDRESS: 2720 N. 27TH ST. MOUNT VERNON WA 98273

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE

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: 2720 N 27TH ST.

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2720 N 27TH ST.

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: JOHN ASHER RUGGS

MOTHER: LOIS G [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: SEPTEMBER 27, 2022

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: SEPTEMBER 27, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

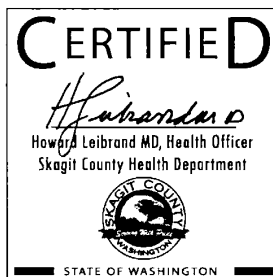
LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: SEPTEMBER 27, 2022

		<b>Affidavit for Correction</b>		Marital: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
DOH 422-034 August 2019					
<b>This is a legal document. Complete in ink and do not alter.</b>					
<b>STATE OFFICE USE ONLY</b>					
State File Number		Fee Number		Initials	Date
Affidavit Number					
<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:		2. Date of Event:		3. Place of Event:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	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:				
Telephone Number:			Email Address:		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>					
The record currently shows:			The true fact is:		
8.			9.		
10.			11.		
12.			13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>					
14a. Signature:			14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Date:	Printed name:		Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>					
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:					
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>					
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>					
<b>Birth Certificates</b>					
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. <b>The proof(s) must match</b> 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).					
<b>Child under 18</b>			<b>Adult (18 years or older)</b>		
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>					
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.					
<b>Death Certificates</b>					
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.					
<b>Marriage/Dissolution (Divorce) Certificates</b>					
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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