

**202306280027**06/28/2023 11:58 AM Pages: 1 of 5 Fees: \$207.50
Skagit County AuditorReturn Address:
416 Widnor Dr
Mt. Vernon WASH
98274

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY <u>[Signature]</u>
DATE <u>6/15/23</u>

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jeffery L. Campbell, 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 pamela A. Campbell-Fox, who died on 3-13-2022
Decedent/Grantor Date
at Mt. Vernon Skagit WA.
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

WIDNOR DR Lot 20 Inc M/H 38774 X First cabin/
75 52x24 3771-000-020-0015 Fugua

Assessor's Property Tax Parcel/Account Number: P54896
(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)

Jeffrey L. Campbell 53 Son
416 WINDOR DR.
Full name, age, relationship, address
Mt. Vernon WA, 98274

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: 6/15/23Jeffery L. Campbell

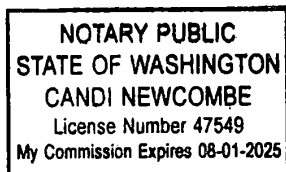
Affiant's full name

360-708-8692

Telephone number

416 Widner DrMt Vernon ^{Street} WA ^{State} 98273 ^{Zip Code}Jeff L Campbell ^{Signature} 6-16-23 ^{Date}State of Washington County of SkagitI know or have satisfactory evidence that Jeffery L. Campbell
(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: 6/15/2023Candi Newcombe
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mt VernonNotary Public in and for the State of WAMy appointment expires: Aug 1, 2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-014255

DATE ISSUED: 03/22/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAMELA ARLENE

LAST NAME(S): CAMPBELL-FOX

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 13, 2022

HOUR OF DEATH: 02:45 AM

SEX: FEMALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOUSEKEEPER

INDUSTRY: HOUSEKEEPING

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: JEFF CAMPBELL

RELATIONSHIP: SON

ADDRESS: 416 WIDNOR STREET, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: UNDETERMINED NATURAL CAUSE

INTERVAL: 1 DAY

B: PULMONARY EMPHYSEMA

INTERVAL: >2 YEARS

C: TOBACCO ABUSE

INTERVAL: >10 YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,
CONGESTIVE HEART FAILURE, SLEEP APNEA

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: 416 WIDNOR STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 416 WIDNOR STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: THOMAS J DAVES

MOTHER: CLARA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MARCH 17, 2022

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

ADDRESS: PO BOX 433

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: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: RYAN GUANZON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 EAST KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MARCH 15, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 220313-192

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: MARCH 16, 2022

**Affidavit for Correction**

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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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: 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 currently shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	

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

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to 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.

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.

*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.

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***

MAR 22 2022

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



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