

**202309050055**09/05/2023 11:46 AM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

## Return Address:

Joanne Jenkins  
1319 29th Street  
AnacortesSKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX2023 7933  
SEP 5 2023Amount Paid \$ 6  
Skagit Co. Treasurer  
By LT Deputy**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Joanne Jenkins, 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 spouseof Dennis W. Jenkins*Relationship to decedent**Decedent/Grantor*, who died on 4/11/23*Date*at Bellingham*City**County*Wa. 98225*State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

## Abbreviated Legal Description:

Lots 1, 2 and the West Half of Lot 3, Block 10, "J.M. MOORE'S ADDITION TO  
ANACORTES", as per plat recorded in Volume 1 of Plats, Page 32, Records of  
Skagit County, Washington.Assessor's Property Tax Parcel/Account Number: P57951

(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 \_\_\_\_\_)

Joanne Jenkins - 82, Spouse  
1319 29th Street, 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: 9/5/23Joanne Jenkins

Affiant's full name

360-708-0004

Telephone number

1319 2nd St.Anacortes wa 98221

City

State

Zip Code

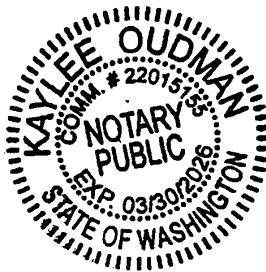
Joanne Jenkins 9/5/23

Signature

Date

State of Washington County of SkagitI know or have satisfactory evidence that Joanne Jenkins  
(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: 9/5/2023(SEAL OR  
STAMP)Kaylee Oudman  
Signature of Notary PublicResiding at: Seab WoodleyNotary Public in and for the State of WAMy appointment expires: 3/30/2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-018047

DATE ISSUED: 04/13/2023  
FEE NUMBER:FIRST AND MIDDLE NAME(S): DENNIS WILLIAM  
LAST NAME(S): JENKINSCOUNTY OF DEATH: WHATCOM  
DATE OF DEATH: APRIL 11, 2023  
HOUR OF DEATH: 07:25 AM  
SEX: MALE AGE: 84 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: PORTLAND, ORMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JOANNE MADDOXOCCUPATION: FEDERAL CIVIL SERVICE  
INDUSTRY: GOVERNMENT  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YESINFORMANT: JOANNE JENKINS  
RELATIONSHIP: WIFE  
ADDRESS: 1319 29TH STREET, ANACORTES, WA 98221CAUSE OF DEATH:  
A: CARDIOGENIC SHOCK  
INTERVAL: 1 DAY  
B: ACUTE CORONARY SYNDROME  
INTERVAL: 3 DAYS  
C:  
INTERVAL:  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE CORONARY ARTERY  
DISEASE, ACUTE PULMONARY EDEMA, ACUTE HYPOXEMIA, CHRONIC KIDNEY  
DISEASE, MITRAL REGURGITATION,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: HOSPITAL  
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225RESIDENCE STREET: 1319 29TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARSFATHER: WILLIAM WOODROW JENKINS  
MOTHER: GLORIA MAE [REDACTED]METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FERN HILL CEMETERYCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: APRIL 22, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER 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 RESPONSECERTIFIER NAME: AHMED SULIEMAN DAOUD, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #140  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
DATE SIGNED: APRIL 11, 2023CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DEBBIE L. HOLDEN  
DATE RECEIVED: APRIL 13, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

**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:**

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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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.
- 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**

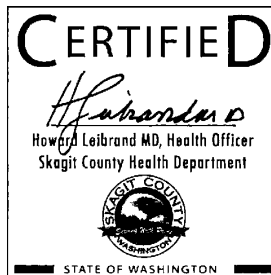
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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