



202312140026

12/14/2023 12:02 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Return Address:

E.M. Burdette  
1632 River Walk Ln  
Burlington WA 98233

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 9023  
DEC 14 2023

Amount Paid \$  
Skagit Co. Treasurer  
By Deputy

LT

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Elizabeth M. Burdette, 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 spouse  
Relationship to decedent

of John Lyle Burdette, Sr., who died on 11-13-2023  
Decedent/Grantor Date

at Mount Vernon Skagit WA  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lt 19 Plat of River's Edge

Assessor's Property Tax Parcel/Account Number: 134361  
(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)

Elizabeth M. Burdette, 61, Spouse  
Burlington WA

Full name, age, relationship, address

John L. Burdette Jr., 65, Son  
Arlington WA

Full name, age, relationship, address

Roxanne Burdette, 64, Daughter  
Eagle River AK

Full name, age, relationship, address

Kathleen Bert, 62, Daughter  
Tacoma WA

Full name, age, relationship, address

Heather Burdette, 60, Daughter  
Arlington WA

Full name, age, relationship, address

Sydney Burdette, 52, Daughter  
Seattle WA

Full name, age, relationship, address

Lewis Burdette, 56, Son  
Everett WA

Full name, age, relationship, address

Aaron Burdette, 44, Son  
Mountlake Terrace WA

Full name, age, relationship, address

Dated: December 12, 2023Elizabeth Marie Burdette

Affiant's full name

(206) 795-5901

Telephone number

1632 River Walk LaneBurlington WA 98233

City

State

Zip Code

Elizabeth Burdette 12.14.2023

Signature

Date

State of Washington County of SkagitI know or have satisfactory evidence that Elizabeth Marie Burdette  
(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: 12 / 14 / 2023Balun Marting  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: Skagit CountyNotary Public in and for the State of WashingtonMy appointment expires: 03 / 2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-055669

DATE ISSUED: 11/15/2023  
FEE NUMBER:FIRST AND MIDDLE NAME(S): JOHN LYLE  
LAST NAME(S): BURDETTE SRCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 13, 2023  
HOUR OF DEATH: 02:45 PM  
SEX: MALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: NATIVE AMERICAN: TLINGIT, IRISHBIRTH DATE: [REDACTED]  
BIRTHPLACE: JUNEAU, AKMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ELIZABETH M WEEKSOCCUPATION: CARPENTER  
INDUSTRY: RESIDENTIAL CONSTRUCTION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOINFORMANT: ELIZABETH M BURDETTE  
RELATIONSHIP: SPOUSE  
ADDRESS: 1632 RIVER WALK LN, BURLINGTON, WA 98233CAUSE OF DEATH:  
A: HYPOXIC RESPIRATORY FAILURE  
INTERVAL: 5 DAYS  
B: BACTERIAL PNEUMONIA  
INTERVAL: 7 DAYSC:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY FIBROSIS.

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: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 1632 RIVER WALK LN  
CITY, STATE, ZIP: BURLINGTON, WA 98233-2118  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARSFATHER: WILLIAM BURDETTE  
MOTHER: FANNIE [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: NOVEMBER 16, 2023

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: JAKE WAGGONERMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ALLEN L. JOHNSON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: NOVEMBER 15, 2023CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: ALLEN JOHNSON, PHYSICIANLOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER  
DATE RECEIVED: NOVEMBER 15, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



## Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<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: _____		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____ Middle: _____ Last: _____		
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: P.O. Box or _____, _____, _____ 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 foregoing is true and correct.**

14a. Signature:		14b. Signature of 2nd 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**

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. **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.
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).

**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**

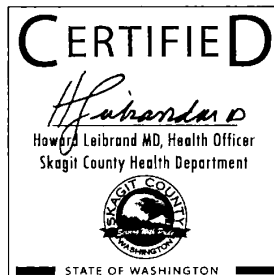
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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

**Marriage/Dissolution (Divorce) Certificates**

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 of 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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