



202312260017

12/26/2023 09:08 AM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Return Address:

---

---

---

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 9146

DEC 26 2023

Amount Paid \$ 0  
Skagit Co. Treasurer  
By Deputy

LT

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Claymon A Price, 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 decedentof Colleen M Price, who died on 4/03/2022  
Decedent/Grantor Dateat Mount Vernon Skagit WA  
City County State

## REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: All of lots 1, 2 and east half of  
Block 404 City of Anacortes 10+3Assessor's Property Tax Parcel/Account Number: P 58381  
(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 \_\_\_\_\_)

Claymen A Price 71 Spouse

1306 Dakota Ave Anacortes, WA 98221

Full name, age, relationship, address

Branen C Price 41 Son

1306 Dakota Ave Anacortes, WA 98221

Full name, age, relationship, address

Keyan A Price 39 Son

7558 Fredrickson Rd Sedro Woolley, WA 98284

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: 12/22/23Claymen A. Price

Affiant's full name

360-202-2258

Telephone number

1306 Dakota AveAnacortes WA 98221

City

Street

State

Zip Code

Claymen Price

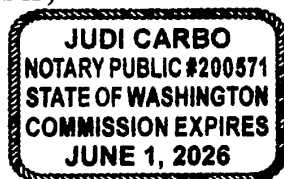
Signature

12/22/23

Date

State of Washington County of SkasitI know or have satisfactory evidence that Claymen A Price  
(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: 12/22/23Judi Carbo  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: Mt VernonNotary Public in and for the State of WashingtonMy appointment expires: 6/1/2026

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-017590

DATE ISSUED: 04/05/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): COLLEEN MARIE

LAST NAME(S): PRICE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 03, 2022

HOUR OF DEATH: 02:42 PM

SEX: FEMALE

AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: FORT BRAGG, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CLAYMON A PRICE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: CLAYMON A PRICE

RELATIONSHIP: HUSBAND

ADDRESS: 1306 DAKOTA AVE., ANACORTES, WA 98221

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: 1 HOUR

B: NON-ST ELEVATION MYOCARDIAL INFARCTION

INTERVAL: 2 DAYS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1306 DAKOTA AVE.

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: ALBERT ERNEST BLUMANTHAL

MOTHER: FLORENCE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: BOW CEMETERY

CITY, STATE: BOW, WASHINGTON

DISPOSITION DATE: APRIL 07, 2022

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER 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 RESPONSE

CERTIFIER NAME: NAVDEEP DHALIWAL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: APRIL 04, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NAVDEEP DHALIWAL, PHYSICIAN

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: APRIL 04, 2022



## Affidavit for Correction

12/26/2023 09:06 AM Page 5 of 5  
 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
<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 <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:				
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.

\*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.

## 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.

## 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 or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



\*CERTIFIED\*

APR 05 2022

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



0 5 4 9 1 5 4 5