



202404150024

04/15/2024 10:32 AM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

Return Address:

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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 0238  
APR 15 2024

Amount Paid \$ 0  
Skagit Co. Treasurer  
By UT Deputy

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Janeen Kay Battan 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 wife  
Relationship to decedent  
of Howard Rand Battan, who died on April 20, 2012  
Decedent/Grantor Date  
at Bellevue King WA  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 8  
City of Anacortes  
Full legal attached

Assessor's Property Tax Parcel/Account Number: P109548  
(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 \_\_\_\_\_)

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Full name, age, relationship, address

Janeen Kay Battan 81 wife  
1606 - 34<sup>th</sup> St. Anacortes, WA 98221

Full name, age, relationship, address

Kelley Jean Battan 57 daughter  
1216 A. Ave Anacortes, WA 98221

Full name, age, relationship, address

Stephanie Rae Seck 54 daughter  
14495 - 156<sup>th</sup> Av. S.E. Renton, WA 98059

Full name, age, relationship, address

William Howard Battan 62 son  
2914 4<sup>th</sup> St. Pl. Puyallup, WA 98074

Full name, age, relationship, address

Gregory Joseph Battan 44 son  
508 Woodward Ave. Charleston, PA 15022

Full name, age, relationship, address

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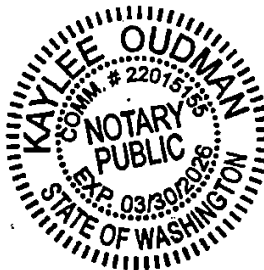
Full name, age, relationship, address

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Full name, age, relationship, address

Dated: April 15, 2024Affiant's full name Janeen Kay BattanTelephone number 360-708-75071606 - 34<sup>th</sup> St.City Anacortes State WA Zip Code 98221Signature Janeen Kay Battan Date April 15, 2024State of Washington County of SkagitI know or have satisfactory evidence that Janeen Kay Battan  
(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: 4, 15, 2024(SEAL OR  
STAMP)Signature of Notary Public Kaylee OudmanResiding at: Sedro WoolleyNotary Public in and for the State of WAMy appointment expires: 3 / 30 / 2024

## Exhibit A

Lot 8 of CITY OF ANACORTES SHORT PLAT NO. AN-95-006, approved August 19, 1996, and recorded August 20, 1996, in Volume 12 of Short Plats, pages 132 and 133, records of Skagit County, Washington; being a portion of the Southwest Quarter of the Northeast Quarter of Section 25, Township 35 North, Range 1 East of the Willamette Meridian.

Situate in Skagit County, Washington.

# 4033

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-021296

DATE ISSUED: 04/26/2022

FEE NUMBER: 042522

FIRST AND MIDDLE NAME(S): HOWARD RAND

LAST NAME(S): BATTAN

COUNTY OF DEATH: KING

DATE OF DEATH: APRIL 20, 2022

HOUR OF DEATH: 10:15 AM

SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SPOKANE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JANEEN KAY THOMAS

OCCUPATION: CHEMICAL ENGINEER

INDUSTRY: PAPER

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: KELLEY BRIGHT

RELATIONSHIP: DAUGHTER

ADDRESS: 1216 A AVE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: HYPERCAPNIC RESPIRATORY FAILURE

INTERVAL: DAYS

B: EXUDATIVE PLEURAL EFFUSION

INTERVAL: DAYS

C: ASPIRATION PNEUMONIA

INTERVAL: DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANEMIA, THROMBOCYTOPENIA, ENCEPHALOPATHY

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: OVERLAKE HOSPITAL MEDICAL CENTER

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004

RESIDENCE STREET: 1606 34TH ST

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: FRANK BATTAN

MOTHER: JUNE [REDACTED]

METHOD OF DISPOSITION: ALKALINE HYDROLYSIS

PLACE OF DISPOSITION: FIRST HYDROLYSIS SERVICES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: APRIL 26, 2022

FUNERAL FACILITY: FLINTOFT'S FUNERAL HOME AND CREMATORY

ADDRESS: 540 E SUNSET WAY

CITY, STATE, ZIP: ISSAQUAH, WASHINGTON 98027

FUNERAL DIRECTOR: ELIZABETH BATY

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: EDWARD CHUN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1035 116TH AVE NE

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004

DATE SIGNED: APRIL 20, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN

DATE RECEIVED: APRIL 26, 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
<b>Required information must match current information on record</b>				
<b>Record Type:</b> <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:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	First	Middle
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:				
PO Box or Street Address				
		City	State	Zip
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>				
<b>The record currently shows:</b>		<b>The true fact is:</b>		
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. 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).				
<b>Child under 18</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>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>Only the adult can change his or her birth certificate.</li> <li>If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>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.</li> <li>To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*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.				
<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.

**CERTIFIED**  
Kittitas Co. Public Health

APR 26 2022

*Mark W. Larson, M.D.*  
Dr. Mark W. Larson, M.D.  
Health Officer



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