

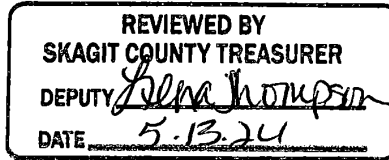


202405130018

05/13/2024 09:28 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

13439 Rosario Rd
Anacortes, WA 98221



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Karen Lee Buker, 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 Norman Lee Buker, who died on 26 Sept
Decedent/Grantor Date

at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lt 2 S/P 13.90 PTN
SW NE 11.34.1
EWN

Assessor's Property Tax Parcel/Account Number: 109 154
(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 _____)

Full name, age, relationship, address

Karen Lee BAKER 84 years of age, wife
13439 Rosario Road 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

Dated: May 13 2024Karen Lee Buker

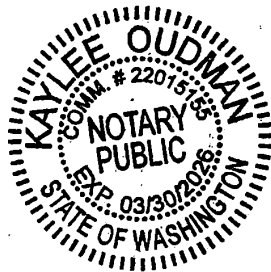
Affiant's full name

360 293-4019

Telephone number

13439 Rosario RoadAnacortes WA 98221
City State Zip CodeKaren Lee Buker May 13, 2024
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Karen Lee Buker
(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: 5 / 13 / 2024Kaylee Oudman
Signature of Notary Public(SEAL OR
STAMP)Residing at: Sedro WoolleyNotary Public in and for the State of WAMy appointment expires: 3 / 30 / 2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-042132

DATE ISSUED: 10/05/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): NORMAN LEE
LAST NAME(S): BUKER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 26, 2017

HOUR OF DEATH: 06:15 AM

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 13439 ROSARIO RD

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 13439 ROSARIO RD

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 24 YEARS

BIRTH DATE: [REDACTED]

BIRTHPLACE: OR

FATHER/PARENT: CLIFFORD BUKER

MOTHER/PARENT: [REDACTED]

MARITAL STATUS: MARRIED

SPOUSE: KAREN LEE BUKER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SAFE HARBOR FUNERAL SERVICE

OCCUPATION: ELECTRONICS ENGINEER

INDUSTRY: AEROSPACE

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: OCTOBER 04, 2017

INFORMANT: KAREN LEE BUKER

RELATIONSHIP: WIFE

ADDRESS: 13439 ROSARIO RD. ANACORTES, WA 98221

FUNERAL FACILITY: SAFE HARBOR FUNERAL SERVICE

ADDRESS: 2750 PEACE PORTAL, SUITE D

CITY, STATE, ZIP: BLAINE, WASHINGTON 98230

FUNERAL DIRECTOR: JASON E. LINDE

CAUSE OF DEATH:

A: METASTATIC LUNG CANCER

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER 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 RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: JASON G. HOGGE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1213 24TH STREET, SUITE 100

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: SEPTEMBER 27, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: OCTOBER 02, 2017

 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			
Required information must match current information on record			
Required	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 Legal 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 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 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 now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct			
16a. Signature:		16b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:
INSTRUCTIONS – go to www.doh.wa.gov for more information			
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof			
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:			
<ul style="list-style-type: none"> • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551) 			
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. Documentary proof must be five or more years old or established within five years of birth.			
Child under 18		Adult (18 years or older)	
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 		<ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required 	
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.			
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)			
Death Certificates			
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.			
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.			

DOH 422-034 October 2015



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

CERTIFIED

OCT 05 2017

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



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