

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
212230-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/26/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Julee L. Bradshaw being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is
Spouse of Aaron P. Bradshaw
Relationship to decedent *Decedent/Grantor Name*

who died on March 2, 2023 at
Date
Mt. Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Ptn NE NE, 15-34-3 E W.M.

Assessor's Property Tax Parcel/Account Number: 340315-0-006-0004/P22000
(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)

Brandon Bradshaw (Carons son) 47y.o.
14260 Beaver Marsh Rd Mt Vernon
Full name, age, relationship, address

Julee L. Bradshaw (wife)
1123 Lopez Lane, Unit 100, Burlington, WA 98233
Full name, age, relationship, address

Full name, age, relationship, address

Dated: 5-30-24

Julee Lynn Bradshaw
Affiant's full name

360-391-5167
Telephone number

14150 Beaver Marsh Rd.

Mt. Vernon WA 98273
City State Zip Code

Julee L. Bradshaw 5-30-24
Signature Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 30th day of May, 2024 by
Julee L. Bradshaw

[Signature]
Signature

LPO
Title

My appointment expires: Aug. 18, 2024



Legal Description

UNRECORDED

THAT PORTION OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M. DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID SECTION 15;
THENCE SOUTH 1°32'00" WEST. ALONG THE EAST LINE OF SAID NORTHEAST QUARTER, 301.03 FEET TO THE SOUTH LINE OF THE NORTH 301.00 FEET OF SAID NORTHEAST QUARTER AND THE TRUE POINT OF BEGINNING;
THENCE NORTH 89°13'41" WEST, ALONG SAID SOUTH LINE 156.84 FEET;
THENCE SOUTH 2°05'59" WEST 61.95 FEET;
THENCE SOUTH 4°12'50" EAST 76.29 FEET;
THENCE SOUTH 1°38'05" EAST 85.15 FEET;
THENCE SOUTH 1°32'44" WEST 149.87 FEET;
THENCE SOUTH 3°04'52" WEST 97.92 FEET;
THENCE SOUTH 4°25'35" WEST 45.12 FEET;
THENCE SOUTH 10°23'10" WEST 31.70 FEET;
THENCE SOUTH 35°45'51" WEST 36.56 FEET;
THENCE SOUTH 62°01'15" WEST 14.60 FEET;
THENCE SOUTH 0°46'19" WEST 16.04 FEET, MORE OR LESS TO, TO INTERSECT THE SOUTH LINE EXTENDED WESTERLY, OF THAT CERTAIN PARCEL AS DESCRIBED UNDER AUDITORS FILE NO. 200703140098;
THENCE EASTERLY ALONG SAID SOUTH LINE 188.00 FEET, MORE OR LESS TO THE EAST LINE OF SAID NORTHEAST QUARTER;
THENCE NORTH 1°32'00" EAST 600.05 FEET TO THE TRUE POINT OF BEGINNING.

EXCEPT THE RIGHT OF WAY OF BEAVER MARSH ROAD.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-010810

DATE ISSUED: 03/09/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): AARON PERCY
LAST NAME(S): BRADSHAW

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 02, 2023
HOUR OF DEATH: 10:20 AM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JULEE ALLQUIST

OCCUPATION: STREET DEPARTMENT
INDUSTRY: CITY GOVERNMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: JULEE BRADSHAW
RELATIONSHIP: WIFE
ADDRESS: 14150 BEAVER MARSH ROAD MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: CARDIOGENIC SHOCK DUE TO MYOCARDIAL INFARCTION
INTERVAL: DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE.
ISCHEMIC CARDIOMYOPATHY. LYMPHOMA. AORTIC VALVE REPAIR

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: 14150 BEAVER MARSH ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: PERCY BRADSHAW
MOTHER:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 07, 2023

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: P O BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 05, 2023

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MARCH 06, 2023

Washington State Department of Health
 DOH 422-034 August 2019

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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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: _____	2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or Country)
	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 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: _____ ZI: _____		

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 2 nd parent (if required): _____	
Printed name: _____	Date: _____	Printed name: _____	Date: _____

INSTRUCTIONS – go to 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). Hereafter, 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, executor/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.

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

