



202407100013

07/10/2024 09:11 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

~~Jodie~~ Jodie A Freeburg-Rasmussen
6608 228th Street SW
Mountlake Terrace, WA 98043

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 1262
JUL 10 2024

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jodie A. Freeburg-Rasmussen 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 Richard S Rasmussen, who died on 06/19/2023
Decedent/Grantor Date

at Mountlake Terrace Snohomish WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lots 26 and 27, Block 1, Holiday Hideaway No. 1

Assessor's Property Tax Parcel/Account Number: P165711
(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 _____)

Jodie A. Freeburg-Rasmussen, 61 years, Spouse
10608 228th St SW, Mountlake Terrace, WA 98043
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

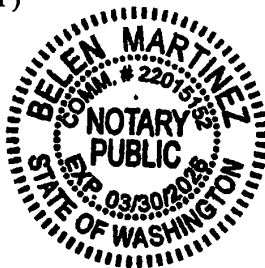
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 07/10/24Jodie A Freeburg-Rasmussen
Affiant's full name425-417-6674
Telephone number6608 28th St SW
City State Zip Code
Mountlake Terrace WA 98043Jodie Freeburg-Rasmussen 07/10/24
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Jodie Ann Freeburg-Rasmussen
(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: 07/10/24Belen Martinez
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: 2023-031169

LOCAL FILE NUMBER: 2976

DATE ISSUED: 07/06/2023

FEE NUMBER: 310723

FIRST AND MIDDLE NAME(S): RICHARD STEVEN

LAST NAME(S): RASMUSSEN

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JUNE 19, 2023

HOUR OF DEATH: 08:20 PM

SEX: MALE

AGE: 62 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JODIE FREEBURG

OCCUPATION: BUSINESS OWNER

INDUSTRY: AUTOMOTIVE

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: JODIE FREEBURG-RASMUSSEN

RELATIONSHIP: WIFE

ADDRESS: 6608 228TH ST. SW, MOUNTLAKE TERRACE, WA 98043

CAUSE OF DEATH:

A: PROBABLE ISCHEMIC HEART DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION,
HYPERCHOLESTEROLEMIA

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 6608 228TH STREET SOUTHWEST

CITY, STATE, ZIP: MOUNTLAKE TERRACE, WASHINGTON 98043

RESIDENCE STREET: 6608 228TH STREET SW

CITY, STATE, ZIP: MOUNTLAKE TERRACE, WA 98043

INSIDE CITY LIMITS: YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER: RICHARD OSCAR RASMUSSEN JR

MOTHER: CAROL [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: AMERICAN MEMORIAL ASSOCIATION #69

CITY, STATE: RENTON, WASHINGTON

DISPOSITION DATE: JUNE 28, 2023

FUNERAL FACILITY: AMERICAN MEMORIAL FUNERAL DIRECTORS

ADDRESS: 3125 COLBY AVE, SUITE C

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

FUNERAL DIRECTOR: STAN HARDING

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JOHN M. LACY, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 9509 29TH AVENUE WEST

CITY, STATE, ZIP: EVERETT, WASHINGTON 98204

DATE SIGNED: JUNE 20, 2023

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: SCME 230620-142

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ROXANA FALCON

DATE RECEIVED: JUNE 28, 2023

**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
Required information must match current information on record				
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/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 <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: PO 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 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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

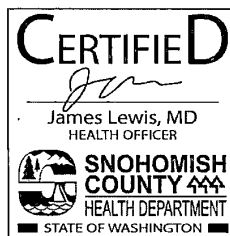
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.



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