

**Return Address:**

Land Title and Escrow Company  
111 East George Hopper Road, PO Box 445  
Burlington, WA 98233  
212707-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Kaylee Oudman  
DATE 07/15/2024

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Debrah A. Bloodgood, 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

Daughter of Donna L. Mitchell, who died on Feb. 3, 2024 at  
*Relationship to decedent* *Decedent/Grantor Name* *date*

Burlington Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: **Lot 1, Cummings 3rd Addition**

Full Legal: **Lot 1, "CUMMINGS' THIRD ADDITION TO THE CITY OF BURLINGTON, WASH.," as per plat recorded in Volume 8 of Plats, page 2, records of Skagit County, Washington.**

**Situate in the County of Skagit, State of Washington.**

Assessor's Property Tax Parcel/Account Number: **4082-000-001-0002/P72481**

- ☐ 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)

Debrah A. Bloodgood, Legal Age, Daughter, 1205 Shuler Ave., Burlington, WA 98233

*Full name, age, relationship, address*

Dated this 11 day of July, 2024.

Debrah A. Bloodgood  
Debrah A. Bloodgood  
360-661-5890

1205 Shuler Ave., Burlington WA 98233

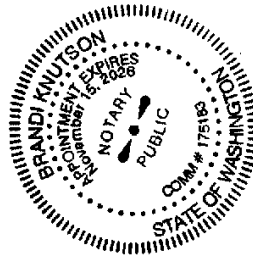
STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 11 day of July, 2024 by Debrah A. Bloodgood.

[Signature]  
Signature

Notary  
Title

My appointment expires: NOV 15, 2026



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

DATE ISSUED: 02/14/2024  
FEE NUMBER:

CERTIFICATE NUMBER: 2024-005926

FIRST AND MIDDLE NAME(S): DONNA LEE  
LAST NAME(S): MITCHELLCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 03, 2024  
HOUR OF DEATH: 03:30 AM  
SEX: FEMALE AGE: 95 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE:  
BIRTHPLACE: BURLINGTON, WAMARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOINFORMANT: DEBRAH BLOODGOOD  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1205 SHULER AVENUE, BURLINGTON, WA 98233CAUSE OF DEATH:  
A. COMBINED HEART FAILURE  
INTERVAL: YEARS  
B. ATRIAL FIBRILLATION  
INTERVAL: YEARS  
C. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  
INTERVAL: YEARS  
D.  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: LUNG MASS-PROBABLE  
MALIGNANCY, CHRONIC OBSTRUCTIVE PULMONARY DISEASEDATE 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: 1209 CURTIS AVENUE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 1209 CURTIS AVENUE  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 61 YEARSFATHER: EMIL NELSON  
MOTHER:METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GREENHILLS CEMETERYCITY, STATE: BURLINGTON, WASHINGTON  
DISPOSITION DATE: FEBRUARY 12, 2024

FUNERAL FACILITY: KERN FUNERAL HOME

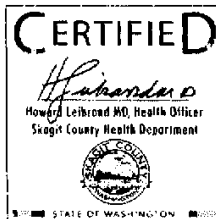
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: JEREMIAH T. LESOURDMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: FEBRUARY 05, 2024CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER  
DATE RECEIVED: FEBRUARY 06, 2024

DOH422-1325KAGIT (2/23)

NOT VALID IF PHOTOCOPIED OR ALTERED

 <b>Affidavit for Correction</b>		Mail to: <b>Center for Health Statistics</b> P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
This is a legal document. Complete in ink and do not alter.			
<b>STATE OFFICE USE ONLY</b>			
State File Number:		Fee Number:	Affidavit Number:
<b>Required information must match current information on record</b>			
<b>Required</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 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:			
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>			
The record currently shows:		The true fact is:	
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:		Printed name:	
Date:		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 Number 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><li>*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.</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>			
<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.



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