



202408020073

08/02/2024 02:54 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

Deno Millikan Law Firm PLLC

3411 Colby Avenue

Everett, WA 98201

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Thompson
DATE 8.2.24

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JASON STRAWN, 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 surviving child

Relationship to decedent

of FLOYD WALLACE STRAWN, who died on Dec. 11, 2020

Decedent/Grantor

Date

at Everett Snohomish Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

(1.9300 ac) LOT B OF SHORT PLAT #22-75 RECORDED UNDER AF#826384;
BEING A PORTION OF THE EAST 1/2 OF GOVERNMENT LOT 5, SEC 22, TWP
35, RNG 7

Assessor's Property Tax Parcel/Account Number: 350722-0-005-0209 (P43116)
(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 _____)

Jason Strawn, age 46 (son)

5703 East Drive, Everett, WA 98203

Full name, age, relationship, address

Dianne M. Strawn, age 72 (spouse)

c/o 5703 East Drive, Everett, WA 98203

Full name, age, relationship, address

Dated : 7/25/2024

[Signature]
Affiant's full name

JASON STRAWN

Telephone number
(360) 322-0282

Everett WA 98201
City State Zip Code

[Signature] 7/25/2024
Signature Date

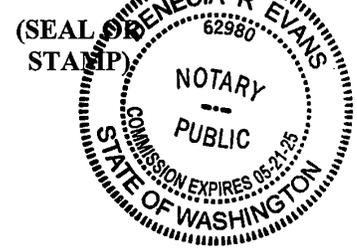
State of WASHINGTON County of SNOHOMISH

I know or have satisfactory evidence that JASON STRAWN
(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: 07/25/2024

[Signature]
Signature of Notary Public



Residing at: Snohomish, WA

Notary Public in and for the State of Washington

My appointment expires: 05/21/2025

EXHIBIT A

LOT B, SHORT PLAT NO. 22-75, APPROVED NOVEMBER 18, 1975,
RECORDED NOVEMBER 20, 1975 IN BOOK 1 OF SHORT PLATS, PAGE
82, UNDER AUDITOR'S FILE NO. 826384 AND BEING A PORTION OF
THE EAST ½ OF GOVERNMENT LOT 5, SECTION 22, TOWNSHIP 35
NORTH, RANGE 7 EAST, W.M.

SUBJECT TO RESERVATIONS, EASEMENTS AND RESTRICTIONS OF
RECORD, IF ANY.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-061599

LOCAL FILE NUMBER: 5716

DATE ISSUED: 01/04/2021

FEE NUMBER: 310121

FIRST AND MIDDLE NAME(S): FLOYD WALLACE
LAST NAME(S): STRAWN

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: DECEMBER 11, 2020
HOUR OF DEATH: 09:12 PM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DIANNE MARIE O'BRIEN

OCCUPATION: TELEPHONE TECHNICIAN
INDUSTRY: COMMUNICATIONS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: DIANNE STRAWN
RELATIONSHIP: SPOUSE
ADDRESS: 5703 EAST DRIVE, EVERETT, WA 98203

CAUSE OF DEATH:
A: VENTRICULAR FIBRILLATION
INTERVAL: MINUTES TO HOURS
B: END STAGE RENAL DISEASE
INTERVAL: MONTHS TO YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: EMERGENCY ROOM
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 5703 EAST DRIVE
CITY, STATE, ZIP: EVERETT, WA 98203
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: FRANK JAMES STRAWN
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES KENT

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: JANUARY 04, 2021

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE

ADDRESS: 1910 120TH PLACE SE, #102
CITY, STATE, ZIP: EVERETT, WASHINGTON 98208
FUNERAL DIRECTOR: CHAR C. BARRETT

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

CERTIFIER NAME: CATHARINE (RYAN) KEAY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1700 13TH ST.
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201
DATE SIGNED: DECEMBER 18, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: GREG JOHNSON, MD

LOCAL DEPUTY REGISTRAR: LEAH BRET LAND
DATE RECEIVED: DECEMBER 31, 2020



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
Record Type: Birth Death Marriage 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 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 2nd 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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

Death Certificates
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.

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.



0 4 6 5 9 8 7 2