



202410010067

10/01/2024 04:06 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

Return Address:

DIANE HARLES HUDSON  
3420 W. SPR ST  
ANACAPTES WA  
98721

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2024 2387  
OCT 01 2024

Amount Paid \$  
Skagit Co. Treasurer  
By Bela Martin Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee DIANE HARLES HUDSON, 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 HUSBAND

of DWANE G. HUDSON, who died on 8/27/24  
Decedent/Grantor Relationship to decedent Date

at BELLEVIEW KLING WASHINGTON  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: LOT 9 AND 10 BLOCK 905 NPA

Assessor's Property Tax Parcel/Account Number: 58546  
(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 \_\_\_\_\_)

DIANE HALES HUDSON

3420 W. 3RD ST ASACORTES WA 98221

Full name, age, relationship, address

WIFE

Full name, age, relationship, address

Dated: 10/01/24

DIANE HALLS HUDSON  
Affiant's full name

360-770-2634  
Telephone number

3470 W 3RD ST  
ANACORTES WA 98221  
City State Zip Code

Diane Halls Hudson 10-1-2024  
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Diane Halls Hudson  
(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: 10/01/24

Belu Marty  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Skagit County

Notary Public in and for the State of Washington

My appointment expires: 03/30/2026

EXHIBIT A

Current Legal Description: P58546

(0.1400 AC) LOTS 9 AND 10, BLOCK 905, NORTHERN PACIFIC ADDITON TO ANACORTES, RECORDED IN VOLUME 2 OF PLATS, PAGES 9 TO 11, RECORDS OF SKAGIT COUNTY, WASHINGTON.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-043387

DATE ISSUED: 09/19/2024  
FEE NUMBER: 002398

FIRST AND MIDDLE NAME(S): DUANE EUGENE  
LAST NAME(S): HUDSON

COUNTY OF DEATH: KING  
DATE OF DEATH: AUGUST 27, 2024  
HOUR OF DEATH: 01:50 PM  
SEX: MALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: OVERLAKE HOSPITAL MEDICAL CENTER  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004-4686

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

RESIDENCE STREET: 3420 W 3RD ST  
CITY, STATE, ZIP: ANACORTES, WA 98221-1217  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: KENNEWICK, WA

FATHER: KENNETH ELWOOD HUDSON  
MOTHER: VINA MARIE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DIANE HALLS

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

OCCUPATION: COMPUTER PROGRAMMER  
INDUSTRY: INFORMATION TECHNOLOGY  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 09, 2024

INFORMANT: DIANE HUDSON  
RELATIONSHIP: WIFE  
ADDRESS: 3420 WEST 3RD STREET, ANACORTES, WA 98221

FUNERAL FACILITY: BARTON FAMILY FUNERAL SERVICE

ADDRESS: 11630 SLATER AVE NE STE 1A  
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034  
FUNERAL DIRECTOR: PATRICIA J. BARTON

CAUSE OF DEATH:  
A: BILIARY SEPSIS  
INTERVAL: 3 DAYS  
B: PERFORATED DUODENAL ULCER  
INTERVAL: 3 WEEKS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: GASTRIC OUTLET  
OBSTRUCTION STATUS POST GASTROJEJUNOSTOMY, CHRONIC LYMPHOCYTIC  
LEUKEMIA, PAROXYSMAL ATRIAL FIBRILLATION, ACUTE KIDNEY INJURY

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: NOT APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: DOUGLAS SATA, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1041 NE 116TH STREET SUITE 120  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004  
DATE SIGNED: AUGUST 27, 2024

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: N/A  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DARIN WISE  
DATE RECEIVED: SEPTEMBER 09, 2024



# 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**

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 to 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: Printed name: Date:	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:
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**INSTRUCTIONS – go to [www.doh.wa.gov](http://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 Acknowledgement 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.

**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**

- 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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