

Return Address:

William R Tilton
3262 Judy Lane
North Pole, AK 99705

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 10/11/2024

GNW 24-20948

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee William R Tilton, 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 Gail Tilton, who died on 11/3/2019
Decedent/Grantor Date

at Mt. Vernon Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Tract 1, SP 3-78, Ptn Gov Lot 5,
Section 10, & Ptn Gov. Lot 1, Section 15, T34N,
R2E

Assessor's Property Tax Parcel/Account Number: P19446/340115-D-001-
(Attach full legal description of the property) 09102

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 4)

William R Tilton x 79 spouse

Full name, age, relationship, address

3351 Langley Lane, Anacortes, WA 98221

none

Full name, age, relationship, address

Dated: X 7/29/24

William R Tilton

Affiant's full name

907-385-7768

Telephone number

3351 Langley Lane

Anacortes WA 98221

City State Zip Code

X William R. Tilton X 7/29/24

Signature Date

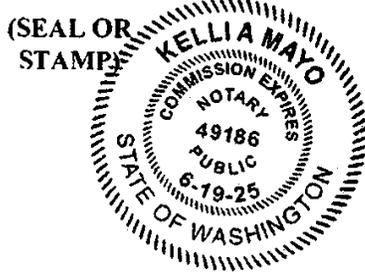
State of WA County of Skaagit

I know or have satisfactory evidence that William Tilton
(name of person)

is the person who appeared before me, and said person acknowledged that (he) signed this affidavit and acknowledged it to be (his) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/29/24

[Signature]
Signature of Notary Public



Residing at: Sedo Woolly

Notary Public in and for the State of WA

My appointment expires: 6/19/25

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-048478

DATE ISSUED: 11/06/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GAIL JACOBS
LAST NAME(S): TILTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 03, 2019
HOUR OF DEATH: 05:09 AM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHEYENNE, WY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: WILLIAM TILTON

OCCUPATION: LIBRARIAN
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: WILLIAM TILTON
RELATIONSHIP: HUSBAND
ADDRESS: PO BOX 55390 NORTH POLE, AK 99705

CAUSE OF DEATH:
A: ASYSTOLIC CARDIAC ARREST
INTERVAL: 3 DAYS

B:
INTERVAL:

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 3262 JUDY LANE
CITY, STATE, ZIP: NORTH POLE, AK 99705
INSIDE CITY LIMITS: NO COUNTY: FAIRBANKS NORTH STAR
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 49 YEARS

FATHER: RANDALL JACOBS JR
MOTHER: [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 05, 2019

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO 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: JEFFREY W. MILLER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: NOVEMBER 04, 2019

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: NOVEMBER 05, 2019

DOH 422-132 (8/16)

NOT VALID IF PHOTOCOPIED OR XEROXED

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: <small>First Middle Last</small>	2. Date of Event: <small>Month/Day/Year</small>	3. Place of Event: <small>City State ZIP</small>
	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:
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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Nutrient Report
- Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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.

CERTIFIED

NOV 06 2019

Howard Leibrand

Skagit County Health Department
Howard Leibrand M.D., Health Officer

DOH 422-034 January 2015



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