



202412110059

12/11/2024 03:12 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 3236
DEC 11 2024

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kayono T. Dutcher, 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 the surviving spouse

Relationship to decedent
of William E. Dutcher, who died on 11/21/2024
Decedent/Grantor *Date*
at Bellingham Whatcom Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

(0.5900 ac) LOT 1 SHORT PLAT ANA-96-005 RECORDED AF#9705210087
BEING A PORTION OF SW1/4 SE1/4, SECTION 24, TOWNSHIP 35 NORTH,
RANGE 1 EAST,W.M.

Assessor's Property Tax Parcel/Account Number: P111565
(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 ____)

Kayono T. Dutcher, 89, surviving spouse
4400 Columbine Dr, Bellingham, WA 98226

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 : 12-10-2024KAYONO T DUTCHER

Affiant's full name

310-597-0415

Telephone number

4400 COLUMBINE DRBELLINGHAMWA
Street
State98226

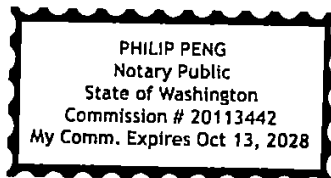
City

State

Zip Code

Kayono T Dutcher 12-10-2024
Signature DateState of Washington County of WhatcomI know or have satisfactory evidence that Kayono T. Dutcher
(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: 12/10/2024Philip Peng
Signature of Notary Public(SEAL OR
STAMP)Residing at: Bellingham, WANotary Public in and for the State of WashingtonMy appointment expires: 10/13/2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 11/25/2024
FEE NUMBER:

CERTIFICATE NUMBER: 2024-057176

FIRST AND MIDDLE NAME(S): WILLIAM EARL
LAST NAME(S): DUTCHERCOUNTY OF DEATH: WHATCOM
DATE OF DEATH: NOVEMBER 21, 2024
HOUR OF DEATH: 11:00 AM
SEX: MALE AGE: 92 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: [REDACTED] (SANTI, MN)MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KAYONO TANOOCCUPATION: MILITARY
INDUSTRY: MILITARY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: SUZANNE WATSON
RELATIONSHIP: DAUGHTER
ADDRESS: 1997 N MAHONIA PL., BELLINGHAM, WA 98299CAUSE OF DEATH:
A: VASCULAR TYPE DEMENTIA
INTERVAL: 4 YEARS
B: CEREBRAL ATHEROSCLEROSIS
INTERVAL: 4 YEARSC:
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 4400 COLUMBINE DRIVE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226RESIDENCE STREET: 4400 COLUMBINE DRIVE
CITY, STATE, ZIP: BELLINGHAM, WA 98226
INSIDE CITY LIMITS: YES COUNTY: WHATCOM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 MONTHSFATHER: FREDERICK M DUTCHER
MOTHER: VERA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATIONCITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: NOVEMBER 25, 2024

FUNERAL FACILITY: WALLIN-STUCKY FUNERAL HOME

ADDRESS: 1811 NE 16TH AVE #A
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
FUNERAL DIRECTOR: SOLEDAD SALDANAMANNER 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 APPLICABLECERTIFIER NAME: KELLE BROGAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 316 E MCLEOD RD #101
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
DATE SIGNED: NOVEMBER 25, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN
DATE RECEIVED: NOVEMBER 25, 2024

Affidavit for Correction

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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

Required	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 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: 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 foregoing 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

- 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.

***CERTIFIED***

NOV 25 2024

*Howard Leibrand*Howard Leibrand, M.D., Health Officer
Island County Health Dept.

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