



202501020038

01/02/2025 12:42 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 0005  
JAN 02 2025

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

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sandra <sup>Lee</sup> Harrington, 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 daughter  
Relationship to decedent

of Lawrence F. Sprague, who died on 07/03/2024  
Decedent/Grantor Date

at Oak Harbor Island Washington  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

N 1/2 LFS 17 & 18, E 20 FT S 1/2 Lt 17, Blk 15

Assessor's Property Tax Parcel/Account Number: P113704  
(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 \_\_\_\_\_)

---

*Full name, age, relationship, address*

Sandra Lee Harrington, 52, daughter  
214 Gibson St Sedro Woolley WA

*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: 01/02/2025Sandra L Harrington

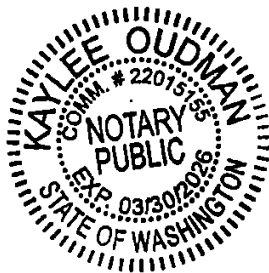
Affiant's full name

360-724-8372

Telephone number

214 Gibson StSedro Woolley WA 98284  
City State Zip CodeSandra L Harrington 01/02/2025  
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Sandra Lee Harrington  
(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: 01/02/2025Kaylee Oudman  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: Sedro WoolleyNotary Public in and for the State of WAMy appointment expires: 3/30/2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-032355

DATE ISSUED: 07/09/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LAWRENCE FERMAN  
LAST NAME(S): SPRAGUECOUNTY OF DEATH: ISLAND  
DATE OF DEATH: JULY 03, 2024  
HOUR OF DEATH: 04:30 AM  
SEX: MALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: FISHER  
INDUSTRY: FISHING/HUNTING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YESINFORMANT: SANDRA LEE HARRINGTON  
RELATIONSHIP: DAUGHTER  
ADDRESS: 214 GIBSON STREET, SEDRO WOOLLEY, WA, 98284CAUSE OF DEATH:  
A: CHRONIC HYPOXIC RESPIRATORY FAILURE  
INTERVAL: 12 MONTHS  
B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: YEARS  
C: CARDIOMYOPATHY  
INTERVAL: YEARS  
D: HYPERTENSION  
INTERVAL: YEARSOTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA WITH  
HALLUCINATIONS, PROTEIN-CALORIE MALNUTRITIONDATE 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: 235 SW 6TH AVE  
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277RESIDENCE STREET: 214 GIBSON ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-1002  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARSFATHER: JAMES FERMAN SPRAGUE  
MOTHER: DOROTHY [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JULY 08, 2024

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: JERALD SANDERS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 101 N MAIN ST  
CITY, STATE, ZIP: COUPEVILLE, WASHINGTON 98239  
DATE SIGNED: JULY 08, 2024CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: KIMBERLY DAILEY  
DATE RECEIVED: JULY 08, 2024



# Affidavit for Correction

01/02/2025 12:42 PM Page 5 of 5  
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
<b>Required Information must match current information on record</b>				
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 forgoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2nd parent (if required): Printed name: Date:
--	--

## 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 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

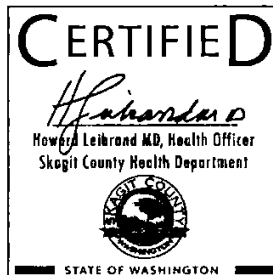
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



0 6 7 8 6 6 6 3