



202501140040

01/14/2025 11:50 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

19019 Burkland Rd
Mount Vernon, WA 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 0091
JAN 14 2025

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Margaret R. Johnson, 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 Stuart Rowland Johnson, who died on 10-30-2023
Decedent/Grantor Date

at Mount Vernon Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN NW NE in 8-33-4

Assessor's Property Tax Parcel/Account Number: P16497-330408-0-008-0001
(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 3)

Margaret Ruth Johnson, 80,

Full name, age, relationship, address

Surviving spouse, 19019 Burkland Rd.

Mount Vernon, WA 98274

Full name, age, relationship, address

Dated: January 14, 2025
Margaret Ruth Johnson
Affiant's full name
425-232-2445
Telephone number
19019 Burkland Rd
Mount Vernon Street WA Zip Code 98274
City State Zip Code
Margaret Ruth Johnson Signature Jan-14, 2025 Date

State of Washington County of Skagit

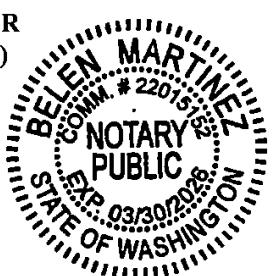
I know or have satisfactory evidence that Margaret Ruth Johnson
(name of person)

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: 01/14/25

Belen Martinez
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Skagit County

Notary Public in and for the State of Washington

My appointment expires: 03/2026

EXHIBIT A LEGAL DESCRIPTION

THE NORTH 208.5 FEET OF THE WEST 208.5 FEET OF THAT PORTION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 8, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., LYING SOUTH AND EAST OF THE COUNTY ROADS ALONG THE NORTH AND WEST LINES THEREOF; EXCEPT THE EAST 32.00 FEET, (AS MEASURED PERPENDICULAR TO THE EAST LINE) THEREOF; AND EXCEPT THE SOUTH 39.00 FEET, (AS MEASURED PERPENDICULAR TO THE SOUTH LINE) THEREOF; ALSO EXCEPT DITCH AND DIKE RIGHTS-OF-WAY AS SET FORTH IN THE SKAGIT COUNTY SUPERIOR COURT CAUSE NOS. 5271 AND 17539; AND ALSO EXCEPT ANY PORTION LYING WITHIN THE AS-BUILT AND EXISTING COUNTY ROADS RUNNING ALONG THE NORTH WEST LINES THEREOF.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-053673

DATE ISSUED: 11/03/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STUART ROWLAND
LAST NAME(S): JOHNSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 30, 2023 FOUND
HOUR OF DEATH: 08:52 AM FOUND
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: NEWPORT, ORMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARGARET EAKINSOCCUPATION: COUNSELOR
INDUSTRY: YOUTH CORRECTIONS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YESINFORMANT: MARGARET JOHNSON
RELATIONSHIP: WIFE
ADDRESS: 19019 BURKLAND ROAD MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: CARDIOVASCULAR ATHEROSCLEROSIS
INTERVAL: YEARS
B: DIABETES TYPE 2
INTERVAL: YEARS
C: HYPERTENSION
INTERVAL: YEARS
D: AGENT ORANGE EXPOSURE
INTERVAL: DECADES

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE, NONALCOHOLIC FIBROTIC LIVER DISEASE, HYPERLIPIDEMIA, URINARY RETENTION, URINARY TRACT INFECTION.

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: DECEASED'S HOME
FACILITY OR ADDRESS: 19019 BURKLAND ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 19019 BURKLAND ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARSFATHER: ROBERT JOHNSON
MOTHER: OPAL [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 07, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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 COMPLETECAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: SANDRA M. SHORTT, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 307 S. 13TH. STREET, #200
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: NOVEMBER 02, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: NOVEMBER 03, 2023

DQH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



DOH 422-034 August 2019

Affidavit for Correction

202501140040

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

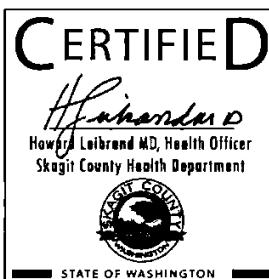
This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record!				
Record Type: <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: Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director		Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital	<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: _____		14b. Signature of 2 nd 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:				
<ul style="list-style-type: none"> • 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				
<ol style="list-style-type: none"> 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). 				
<p>Child under 18</p> <ul style="list-style-type: none"> • 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. <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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. <p>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.</p>				
Death Certificates				
<ol style="list-style-type: none"> 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				
<ol style="list-style-type: none"> 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.



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