

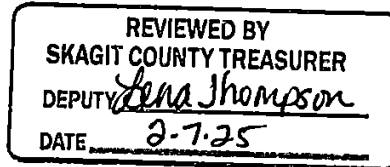


202502070049

02/07/2025 11:40 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

Larry L. Barcott
2606 View Place
Anacosta WA 98221



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Larry L. Barcott, 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 Sandra Dawn Barcott, who died on Nov. 7, 2024
Decedent/Grantor Date
at Anacosta, Skagit County, Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 38 Skyline No. 6, Plat
Vol. 9, page 64, County of Skagit,
Washington

Assessor's Property Tax Parcel/Account Number: P59429/
(Attach full legal description of the property) (See p. 4 of this Affidavit)

☐ 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)

Larry L. Barcott; surviving spouse of decedent
2606 View Place; Anacortes, WA 98221
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

page 2 of 4

LB

Dated: X Feb. 3, 2025Affiant's full name LARRY L. BARCOTTTelephone number 360 594 24292606 View Place
Anacortes ^{Street} WASHINGTON ^{State} 98221 ^{Zip Code}X Larry L. Barcott X Feb. 3, 2025
Signature DateState of WA County of SkitI know or have satisfactory evidence that Larry L. Barcott
(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: 02/03/2025(SEAL OR
STAMP)Darla T. Simpson
Signature of Notary PublicResiding at: AnacortesNotary Public in and for the State of WAMy appointment expires: 10/25/2028

Notary Public
State of Washington
DARLA T. SIMPSON
COMMISSION # 162398
MY COMM. EXP. OCTOBER 25, 2028

Full Legal Description

"Tax Parcel P59429/3822-000-038-0006—Lot 38 'Skyline No. 6,' as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, State of Washington, situated in the City of Anacortes, Skagit County, Washington; and with Manufactured/Mobile Home/s 2006/2007, S/N # HB33850R, 59 ft. X 27 ft. Parcel ID: P59429 and 3822-000-038-0006 (all commonly known as 2606 View Place, Anacortes, WA 98221)."

Abbreviated Legal: Lot 38 Skyline No. 6, Plat Vol. 9, Pg 64, County of Skagit, WA

page 4 of 4
LBS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 11/12/2024
FEE NUMBER:

CERTIFICATE NUMBER: 2024-054659

FIRST AND MIDDLE NAME(S): SANDRA DAWN
LAST NAME(S): BARCOTTCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 07, 2024
HOUR OF DEATH: 03:44 PM
SEX: FEMALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: LARRY BARCOTTOCCUPATION: BOOKKEEPER
INDUSTRY: RESTAURANT/FOOD SERVICE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: LARRY BARCOTT
RELATIONSHIP: HUSBAND
ADDRESS: 2606 VIEW PL, ANACORTES, WA, 98221CAUSE OF DEATH:
A: MYELOYDYLASTIC SYNDROME
INTERVAL: 6 YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: GASTROINTESTINAL BLEEDING,
THROMBOCYTOPENIADATE 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: DECEDENT'S HOME
FACILITY OR ADDRESS: 2606 VIEW PL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-3136RESIDENCE STREET: 2606 VIEW PL
CITY, STATE, ZIP: ANACORTES, WA 98221-3136
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARSFATHER: THEODORE JOHNSON
MOTHER: FRANCES [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: NOVEMBER 13, 2024

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER 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: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 09, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: NOVEMBER 12, 2024



Affidavit for Correction

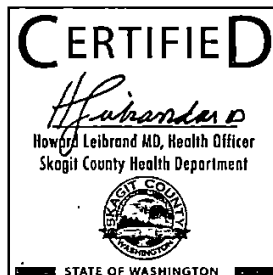
02/07/2025 11:40 AM Page 6 of 6
 Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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				
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 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				
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).				
Child under 18				
<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 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. 				
<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. 				
*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				
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				
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.



0 6 7 9 2 4 9 7