



202502210054

02/21/2025 10:52 AM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

Return Address:

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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20250472  
FEB 21 2025

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

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Melinda J. Burchdoff 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 Sister  
*Relationship to decedent*  
of Blaine Burchdoff, who died on 11-25-2025  
*Decedent/Grantor* *Date*  
at Concrete Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot # 202 Cedar Grove on the Skagit

Assessor's Property Tax Parcel/Account Number: # 64284  
(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 \_\_\_\_\_)

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*Full name, age, relationship, address*

Jean M. Burghduff, 88, Mother,  
P.O. Box 1763, Westport, WA. 98595

*Full name, age, relationship, address*

Melinda S. Burghduff  
P.O. Box 1763, Westport, WA. 98595

*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

Dated: 2-18-25

Melinda Sean Burghduff  
Affiant's full name

360-540-2135  
Telephone number

PO BOX 1763

Westport WA 98595  
City State Zip Code

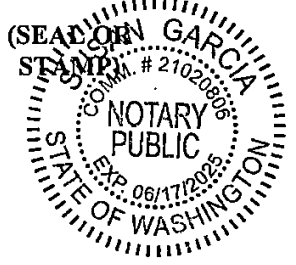
Melinda Sean Burghduff 2/18/2025  
Signature Date

State of Washington County of Skagit  
Melinda J Burghduff

I know or have satisfactory evidence that \_\_\_\_\_  
(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 18, 25 Susan Garcia  
Signature of Notary Public



Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 06 25

**Legal Description at time of Assessment:**

This is the legal description as of the most recent certification of the assessment roll. The Current Legal Description reflects any changes resulting from boundary modifications after certification.

(0.4900 ac) (TITLE ELIMINATION AF#9408090081 FOR MANUFACTURED HOME 1975 KIRKWOOD 70X14 VIN#610K7014F3S4839) LOT 202, CEDARGROVE ON THE SKAGIT, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 9 OF PLATS, PAGES 48 TO 51, RECORDS OF SKAGIT COUNTY, WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/15/2025  
FEE NUMBER:

CERTIFICATE NUMBER: 2024-058250

FIRST AND MIDDLE NAME(S): BLAINE ALLAN  
LAST NAME(S): BURGHDIFF

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 25, 2024 FOUND  
HOUR OF DEATH: UNKNOWN  
SEX: MALE AGE: 61 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: DRIVER - TRUCK  
INDUSTRY: SALES/RETAIL - GENERAL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: MELINDA BURGHDIFF  
RELATIONSHIP: SISTER  
ADDRESS: PO BOX 1763, WEST PORT, WA, 98595

CAUSE OF DEATH:  
A: ACUTE COMBINED FENTANYL AND ETHANOL INTOXICATION  
INTERVAL: UNKNOWN  
B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSIVE  
CARDIOVASCULAR DISEASE, OBESITY

DATE OF INJURY: UNKNOWN  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 46712 BAKER LOOP ROAD

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED: TOXIC USE OF DRUGS

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 46712 BAKER LOOP RD  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237-9561

RESIDENCE STREET: 46712 BAKER LOOP RD  
CITY, STATE, ZIP: CONCRETE, WA 98237-9561  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: ROBERT BURGHDIFF  
MOTHER: JEAN [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 03, 2024

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: MICHAEL W. RYAN

MANNER OF DEATH: ACCIDENT  
AUTOPSY: YES  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: HAYLEY THOMPSON, CORONER  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: DECEMBER 02, 2024

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 241125-1243  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: DECEMBER 02, 2024



Affidavit for Correction

02/21/2025 10:52 AM Page 0 of 6  
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: Birth Death Marriage 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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 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.

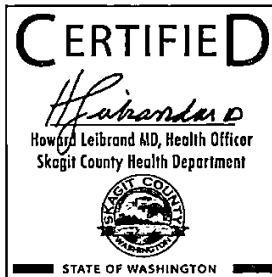
Birth Certificates  
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.  
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the 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 Adult (18 years or older)  
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.  
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.  
• No proof is required to change the first or middle name. • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

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.



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