



202503060016

03/06/2025 09:49 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 0636
MAR 06 2025

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Karen K. Page, 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 Spouse
Relationship to decedent
of John Jason Page, who died on 3/5/2016
Decedent/Grantor Date
at Sedro-Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LT 2 S/P 12-97
PTN SE NE
26-36-4 EWM

Assessor's Property Tax Parcel/Account Number: 1123SS
(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

Karen Kay Page 61 Spouse
18729-108th AVE NW STANWOOD WA 98292

Full name, age, relationship, address

Keeley Page 30 daughter
5601 Earth PL NE SALEM, OR 97305

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: 3/6/2025Affiant's full name Karen Kay PageTelephone number 360-630-712218729-100th AVE NWSTANWOOD WA 98292
City State Zip CodeKaren K. Page 3/6/2025
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Karen Kay Page
(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: 3/6/2025(SEAL OR
STAMP)Kaylee Oudman
Signature of Notary PublicResiding 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: 2016-009809

DATE ISSUED: 03/09/2016

FEE NUMBER: 0000000029

GIVEN NAMES: JOHN JASON
LAST NAME: PAGECOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 05, 2016
HOUR OF DEATH: 08:58 P.M.
SEX: MALEAGE: 53 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO; NOT HISPANIC
RACE: WHITEBIRTHDATE: [REDACTED]
BIRTHPLACE: MARYLANDMARITAL STATUS: MARRIED
SPOUSE: KAREN KAY LEWISOCCUPATION: LAND SURVEYOR
INDUSTRY: COUNTY GOVERNMENT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NOINFORMANT: KAREN K. PAGE
RELATIONSHIP: WIFE
ADDRESS: 22905 PRAIRIE ROAD, SEDRO-WOOLLEY, WA 98284PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 22905 PRAIRIE ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 22905 PRAIRIE ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARSFATHER/PARENT: JIM CAREY PAGE
MOTHER/PARENT: JUDITH [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MARCH 10, 2016FUNERAL FACILITY: LEMLEV CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERCAUSE OF DEATH:
A. CONTACT GUNSHOT WOUND TO HEAD
INTERVAL: IMMEDIATE
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MARCH 05, 2016
HOUR OF INJURY: 08:52 P.M. PRESUMED
INJURY AT WORK? NO
PLACE OF INJURY: DECEDENT'S HOME
LOCATION OF INJURY: 22905 PRAIRIE ROADCITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED:
PLACED A .40 CALIBER HANDGUN TO HIS HEAD AND PULLED
THE TRIGGERSTATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONEMANNER OF DEATH: SUICIDE
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLEME/CORONER: DANIEL F. DEMPSEY
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 09, 2016CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 045-16
ATTENDING PHYSICIAN:
NOT APPLICABLELOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: MARCH 09, 2016



Affidavit for Correction

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 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 Legal 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: P.O. 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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.
 - Documentary proof must be five or more years old or established within five years of birth.
- | | |
|---|---|
| Child under 18 <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required | Adult (18 years or older) <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 documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required |
|---|---|

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

MAR 09 2016

Skagit County Health Department
 Howard Leibrand M.D., Health Officer

EE00088787