



202504230042

04/23/2025 01:23 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Return Address:  
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\_\_\_\_\_  
\_\_\_\_\_

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Gene Thompson  
DATE 4.23.25

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Scott Wright, 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 son

of Gary W. Wright, who died on 11-22-2024  
Decedent/Grantor Relationship to decedent Date  
at Sedro Woolley Skagit Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lots 23 to 25, block 1, central addition to Sedro, Washington, 1890, as per plat recorded in Volume 1 of Plats, page 31, records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: P-76383  
(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)

Teresa Pitman 54, daughter  
11355 Morford Rd. Sedro Woolley WA 98284

Full name, age, relationship, address

SCOTT WRIGHT 50 SON  
1003 Sterling St Sedro Woolley WA 98284

Full name, age, relationship, address

Dated: 4-23-25

Scott Wright

Affiant's full name

360 770-2485

Telephone number

1003 Sterling ST

Sebro Woolley Street WA 98284  
City State Zip Code

[Signature] 4-23-25  
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Scott Wright  
(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: 4/23/2025 [Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: 1511 Riverside Dr. Mt. Vernon

Notary Public in and for the State of WA

My appointment expires: 2/14/2029

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-057173

DATE ISSUED: 11/25/2024  
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): GARY W  
LAST NAME(S): WRIGHT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 22, 2024  
HOUR OF DEATH: 12:52 AM  
SEX: MALE AGE: 83 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PEACEHEALTH UNITED GENERAL HOSPITAL  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 937 ALEXANDER ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-1917  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 31 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEDRO-WOOLLEY, WA

FATHER: WRIGHT  
MOTHER: MARY [REDACTED]

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

OCCUPATION: MEAT PROCESSING  
INDUSTRY: AGRICULTURE  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

CITY, STATE: BELLINGHAM, WASHINGTON  
DISPOSITION DATE: NOVEMBER 25, 2024

INFORMANT: SCOTT WRIGHT  
RELATIONSHIP: SON  
ADDRESS: 1003 STERLING ST SEDRO WOOLLEY, WA 98284

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: JAKE WAGGONER

CAUSE OF DEATH:  
A: CEREBROVASCULAR ACCIDENT  
INTERVAL: 4 DAYS  
B: HYPERTENSIVE CARDIOVASCULAR DISEASE  
INTERVAL: MANY YEARS  
C: ESSENTIAL HYPERTENSION  
INTERVAL: MANY YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: EDUARDO GOO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
DATE SIGNED: NOVEMBER 23, 2024

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: NOVEMBER 25, 2024



# Affidavit for Correction

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
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**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) 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  Self  Guardian  Informant  Hospital  
 Person on Record:  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:**

8. The record currently shows:	9. The true fact is:
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 2<sup>nd</sup> 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**

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**

- 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**

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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Amy Harley, Health Officer.



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