



202505190044

05/19/2025 11:31 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

JEANNIE CORNETT
838 TALCOTT ST
SEDOO-WOOLLEY, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 1514
MAY 19 2025

Amount Paid \$-0
Skagit Co. Treasurer
By [Signature] Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jeannie A.M. Cornett 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 Wife

of Kenneth K. Cornett, who died on 2-26-19
Decedent/Grantor *Relationship to decedent* *Date*

at Mount Vernon SKAGIT WA.
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOT 11 AND THE EAST 1/2 OF LOT 12, BLOCK 43, FIRST
ADDITION TO THE TOWN OF SEDOO

Assessor's Property Tax Parcel/Account Number: P75818
(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

JEANNIE ANN MARGARET CORNETT AGE 80

WIFE ~ 838 TALCOTT ST, SEDRO-WOOLLEY, WA

Full name, age, relationship, address

98284

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: 5-19-2025

JEANNIE ANN MARGARET CORNETT

Affiant's full name

360-855-9282 360-202-6288

Telephone number

838 TALCOTT STREET

SEDOO-WOOLLEY WA 98284
City State Zip Code

Jeannie A.M. Cornett 5-19-2025
Signature Date

State of WASHINGTON County of _____
SKagit

I know or have satisfactory evidence that Jeannie Ann M Cornett
(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: 5/19/2025

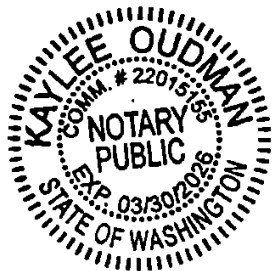
Kaylee Oudman
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3/30/2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-010082

DATE ISSUED: 03/18/2019

FEE NUMBER: 310319

FIRST AND MIDDLE NAME(S): KENNETH KAY

LAST NAME(S): CORNETT

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 26, 2019

HOUR OF DEATH: 10:10 PM

SEX: MALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: MARRIED

SPOUSE: JEANNIE ANN MARGARET MUNROE

OCCUPATION: PUBLIC RELATIONS

INDUSTRY: ADVERTISING AND MARKETING

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: JEANNIE ANN MARGARET CORNETT

RELATIONSHIP: SPOUSE

ADDRESS: 838 TALCOTT ST, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: NON-ST ELEVATION MYOCARDIAL INFARCTION

INTERVAL: 7 DAYS

B: ACUTE ON CHRONIC SYSTOLIC HEART FAILURE

INTERVAL: 7 DAYS

C: ACUTE KIDNEY INJURY

INTERVAL: 7 DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 838 TALCOTT STREET

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: JOHN THOMAS CORNETT

MOTHER/PARENT: ANNA LAUREE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: MARCH 06, 2019

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ARUNA HAWKINS, DO

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: MARCH 03, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MARCH 06, 2019



Affidavit for Correction

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

Form fields for State File Number, Fee Number, Initials, Date, Affidavit Number, and Required information (Record Type, Name on Record, Date of Event, Place of Event, etc.)

Form fields for Return Mailing Address (PO Box or Street Address, City, State, Zip) and Telephone Number (Area Code, Number) and Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record now shows: and The true fact is: with rows 8-15 for recording discrepancies.

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

Form fields for Signatures (16a. Signature, 16b. Signature of 2nd parent) and Printed names and Dates.

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

- 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. Documentary proof must be five or more years old or established within five years of birth
Child under 18: 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; 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): 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 using this form, 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

- 1. 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). Marital status requires a certified copy of a 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.

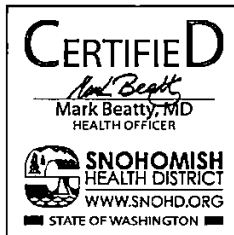
Marriage/Dissolution (Divorce) Certificates

- 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 documentary proof
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

DOH 422-034 January 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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