



202505210029

05/21/2025 11:26 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20251542
MAY 21 2025

Amount Paid \$0
Skagit Co. Treasurer
By Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee NICHOLE BROWN, 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

of MICHAEL WILLIAM HUMPHREY who died on DEC 27 2024
Decedent/Grantor Relationship to decedent Date

at CONCRETE SKAGIT COUNTY WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

INCLUDING PARK MODEL 1995 FRANK SERIAL
NUMBER 10FBA02TDS10A39 LOT B-11 LAKEVIEW
DIVISION NO, 11 AS PER PLAT THEREOF
RECORDED IN VOLUME 11 OF PLATS PAGES 15
THROUGH 24 INCLUSIVE RECORDS OF
SKAGIT COUNTY WASHINGTON

Assessor's Property Tax Parcel/Account Number: 78924
(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)

Full name, age, relationship, address

MICHELE ANN BROWN 66 yrs old spouse
6280 171A STREET SURREY, BC V3S7G2

Full name, age, relationship, address

Dated: MAY 21, 2025

Affiant's full name
MICHELE ANN BROWN

Telephone number
604 351 8115

6280 171A STREET SURREY BC V3S7G2
City State Zip Code

Michele A Brown MAY 21, 2025
Signature Date

State of Washington County of _____
Skagit

I know or have satisfactory evidence that Michele Ann Brown
(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 / 21 / 2025

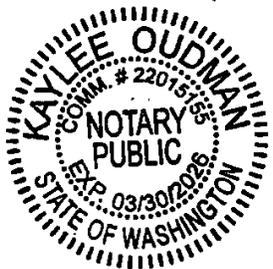
Kaylee Oudman
Signature of Notary Public

(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



DATE ISSUED: 04/17/2025
FEE NUMBER:

CERTIFICATE NUMBER: 2024-065206

FIRST AND MIDDLE NAME(S): MICHAEL WILLIAM
LAST NAME(S): HUMPHREY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 27, 2024 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER
FACILITY OR ADDRESS: 4533 BURPEE HILL ROAD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

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

RESIDENCE STREET: 6820 171 A ST
CITY, STATE, ZIP: SURREY, BC V3S 7G2 CANADA
INSIDE CITY LIMITS: NO COUNTY:
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: VANCOUVER, BC CANADA

FATHER: BRIAN WILLIAM HUMPHREY
MOTHER: LEONA [REDACTED]

MARITAL STATUS: SINGLE, NEVER MARRIED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PACIFIC CREMATION SERVICES

OCCUPATION: PAINTER
INDUSTRY: CONSTRUCTION - GENERAL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: JANUARY 13, 2025

INFORMANT: MICHELLE ANN BROWN
RELATIONSHIP: COMMON LAW SPOUSE
ADDRESS: 6820 171 A ST., SURREY, BC CANADA V3S 7G2

FUNERAL FACILITY: MICHAELS SIMPLE CREMATION OF BELLINGHAM
ADDRESS: 2232 PACIFIC ST
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229
FUNERAL DIRECTOR: MICHAEL J. GALAVIZ

CAUSE OF DEATH:
A: ENVIRONMENTAL HYPOTHERMIA
INTERVAL: UNKNOWN
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE ETHANOL
INTOXICATION, HYPERTENSIVE CARDIOVASCULAR DISEASE

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

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: RECREATIONAL AREA

CERTIFIER NAME: HAYLEY THOMPSON, CORONER
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 30, 2024

LOCATION OF INJURY: 4533 BURPEE HILL ROAD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: FOUND UNRESPONSIVE OUTSIDE
DURING COLD, WET WEATHER

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 241227-697
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JANUARY 13, 2025



Affidavit for Correction 05/21/2025 11:26 AM Page 5 of 5 Birth Statistics

This is a legal document. Complete in ink and do not alter.

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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.

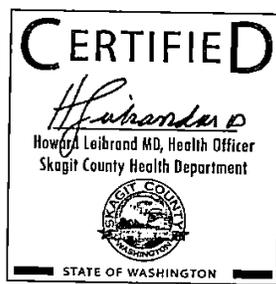
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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
• If legal guardian(s), include certified court order proving guardianship.
• 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.
• 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.

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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