

## Return Address:

GUARDIAN NORTHWEST TITLE COMPANY  
1301-B RIVERSIDE DRIVE  
P.O. BOX 1667  
MOUNT VERNON, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 06/27/2025

## AFFIDAVIT (LACK OF PROBATE) R

\*\* DEATH CERTIFICATE HAS BEEN ALTERED FOR RECORDING \*\*

The undersigned affiant/grantee Donna Baker, being first duly sworn  
*None 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 Shane Orls Baker, who died on Aug. 17, 2020  
*Relationship to decedent*  
*Decedent/Grantor*  
at Winona Whitman WA  
*City* *County* *State*

## REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

lots 38-41, Block E  
Cape Horn on the Skagit

Assessor's Property Tax Parcel/Account Number: P63070/P63068  
(Attach full legal description of the property) P63069

☒ 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 4)

Donna L Baker. Spouse

Full name, age, relationship, address

25915 East Wabash Ave

Otis Orchards - East Farms, WA 99025

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

Full name, age, relationship, address

Dated : 06/26/2025

Donna L Baker

Affiant's full name

360-391-2324

Telephone number

25915 E Wabash Ave

Newman Lake

Street  
WA

99025

City

State

Zip Code

Donna L Baker

06/26/2025

Signature

Date

State of Washington

County of Skagit

I know or have satisfactory evidence that Donna L Baker

(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: 6 / 26 / 2025

K. AB

Signature of Notary Public

(SEAL OR  
STAMP)

KYLE BEAM  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION # 210008  
COMMISSION EXPIRES 09/11/2027

Residing at: Skagit

Notary Public in and for the State of Washington

My appointment expires: 9-11 / 2027

Notarized remotely online using communication technology via Proof.

**Exhibit "A"**  
**Property Description**

Lots 38, 39, 40 and 41, Block E, CAPE HORN ON THE SKAGIT, DIVISION NO. 1, as per plat recorded in Volume 8 of Plats, pages 92 through 97, inclusive, records of Skagit County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-038325

LOCAL FILE NUMBER: 1671

DATE ISSUED: 09/15/2020  
FEE NUMBER:FIRST AND MIDDLE NAME(S): SHANE OTIS  
LAST NAME(S): BAKERCOUNTY OF DEATH: WHITMAN  
DATE OF DEATH: AUGUST 17, 2020  
HOUR OF DEATH: 07:27 PM PRESUMED  
SEX: MALE AGE: 49 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: FONTANA, CAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DONNA ATCHLEYOCCUPATION: SUPERVISOR  
INDUSTRY: CONSTRUCTION  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NOINFORMANT: DONNA BAKER  
RELATIONSHIP: WIFE  
ADDRESS: 25915 E. WABASH AVE., NEWMAN LAKE, WA 99025CAUSE OF DEATH:  
A: SUDDEN CARDIAC DEATH  
INTERVAL: MINUTES  
B: HYPERTENSIVE CARDIOVASCULAR DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
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: OTHER PLACE  
FACILITY OR ADDRESS: 52 MURROW STREET  
CITY, STATE, ZIP: WINONA, WASHINGTON 99125RESIDENCE STREET: 25915 EAST WABASH AVENUE  
CITY, STATE, ZIP: NEWMAN LAKE, WA 99025  
INSIDE CITY LIMITS: YES COUNTY: SPOKANE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER: TOM BAKER  
MOTHER: GLORIAMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: WHEATLAND CREMATORYCITY, STATE: PULLMAN, WASHINGTON  
DISPOSITION DATE: AUGUST 21, 2020

FUNERAL FACILITY: BRUNING FUNERAL HOME

ADDRESS: PO BOX 739  
CITY, STATE, ZIP: COLFAX, WASHINGTON 99111  
FUNERAL DIRECTOR: CRAIG A. CORBEILLMANNER OF DEATH: NATURAL  
AUTOPSY: YES  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: YES  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ANNIE P. PILLERS  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 411 NORTH MILL STREET  
CITY, STATE, ZIP: COLFAX, WASHINGTON 99111  
DATE SIGNED: AUGUST 21, 2020CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 20-WC137  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MEGHAN JOHNS  
DATE RECEIVED: AUGUST 21, 2020



## Affidavit for Correction

06/27/2025 12:25 PM  
 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.

DOH 422-034 August 2019

## 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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			

7. Return Mailing Address:	
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 foregoing is true and correct.

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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

- 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.
  - Proof documentation must be five or more years old or established within five years of birth.
  - This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
- |   |   |
|---|---|
| <b>Child under 18</b> <ul style="list-style-type: none"> <li>If legal guardian(s), include certified court order proving guardianship.</li> <li>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.</li> <li>No proof is required to change the first or middle name.*</li> <li>To correct parent's information, one proof documentation is required.</li> <li>To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> | <b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>Only the adult can change his or her birth certificate.</li> <li>If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>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.</li> <li>To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul> |
|---|---|
- \*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

- 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.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

SEP 15 2020

Brad Bowman, MD Health Officer  
 Whitman County Dept. of Public Health

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



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