202506270312
06/27/2025 12:39 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor

Return Address:
1202 5th Street, Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Thompson
DATE 6-27-25

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jonathan Lewis Winningham, being first duly sworn 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 The Spouse
Name of Affiant *Relationship to decedent*

of Laura Trina Winningham, who died on 12/21/24
Decedent/Grantor *Date*

at Anacortes Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

E 20' OF LOT 19 & ALL OF LOT 20, BLOCK 72, Map of city of Anacortes Acording to the Plat there of Recorded in volume 2 of plats, Pages 4 through 7, Records of Skagit county Washington.

Assessor's Property Tax Parcel/Account Number: P55386
(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)

Jonathan Lewis Winningham, 69, Spouse, 1202 5th Street, Anacortes, WA 982

Full name, age, relationship. address

Jon Michael Winningham, 31, Son, 1202 5th Street, Anacortes. WA 98221

Full name. age, relationship, address

Brandi Juby, 38, Daughter, 1500 Palm Avenue, Redlands, CA 92374

Full name, age, relationship. adaress

Thomas Tillman, 56, Brother, 131 Bond Mill Road, Olga, WA 98279

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: 06/24/25

Jonathon Winningham
Affiant's full name

(909) 816-2816
Telephone number

[redacted] 5th Street
Street

Anacortes WA 98221
City *State* *Zip Code*

[redacted] 06/24/25
Signature *Date*

State of Washington County of Skagit

I know or have satisfactory evidence that ~~John~~ Jonathan Winningham
(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: 6/24/2025

(SEAL OR STAMP)

Signature of Notary Public

Residing at: KeyBank Anacortes

Notary Public in and for the State of WA

My appointment expires: 7/2028

Notary Public
State of Washington
JESSICA THORNDIKE
COMM. # 24019349
MY COMM. EXP. 07302028

REV 84 0017 (1/3/17)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2024-063584**

DATE ISSUED: **12/31/2024**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **LAURA TRINA**
LAST NAME(S): **WINNINGHAM**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **DECEMBER 21, 2024**
HOUR OF DEATH: **04:05 PM**
SEX: **FEMALE** AGE: **68 YEARS**
SOCIAL SECURITY NUMBE[redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **ARCADIA, CA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **JONATHAN WINNINGHAM**

OCCUPATION: **PROFESSOR/POST-SECONDARY EDUCATION**
INDUSTRY: **EDUCATION - UNIVERSITIES/PROFESSIONAL**
EDUCATION: **MASTER'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **THOMAS TILLMAN**
RELATIONSHIP: **BROTHER**
ADDRESS: **131 BOND MILL ROAD, OLGA, WA 98279**

CAUSE OF DEATH:
A: **ATHEROSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE**
INTERVAL: **YEARS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **DIABETES MELLITUS**

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: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **1202 5TH STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**

RESIDENCE STREET: **1202 5TH STREET**
CITY, STATE, ZIP: **ANACORTES, WA 98221**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **9 YEARS**

FATHER: **ALBERT TILLMAN**
MOTHER: **RUTH** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**

CITY, STATE: **ANACORTES, WASHINGTON**
DISPOSITION DATE: **DECEMBER 31, 2024**

FUNERAL FACILITY: **EVANS FUNERAL CHAPEL AND CREMATORY INC.**

ADDRESS: **1105 32ND STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**
FUNERAL DIRECTOR: **COLE B. ERIKSON**

MANNER OF DEATH: **NATURAL**
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**

CERTIFIER NAME: **HAYLEY THOMPSON, CORONER**
TITLE: **CORONER/ME**
CERTIFIER ADDRESS: **1700 CONTINENTAL PLACE**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **DECEMBER 26, 2024**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CHRISTIAN STECHER**
DATE RECEIVED: **DECEMBER 31, 2024**

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

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

Mail to: Center for Health Statistics
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) 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: ☐ 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.

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.

*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.

CERTIFIED

Howard Leibrand MD, Health Officer
Skagit County Health Department

STATE OF WASHINGTON

0 7 1 8 2 9 2 1