

Return Address:

Kimberly Young
27130 Burmaster Road
Sedro Woolley WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/09/2025

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kimberly Rae Young, 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
the real property described below, and is Spouse
Relationship to decedent
of Andrew Young, Jr, who died on July 26, 2020
Decedent/Grantor *Date*
at Sedro-Woolley / Skagit / WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 15, Tract 2, Peavey's Acreage Vol 3, P 37

Assessor's Property Tax Parcel/Account Number: P67984 | 3966-0022-015-0005
(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)

Kimberly Rae Young, 61, Spouse
27130 Burmaster,
Sedro Woolley WA 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

Full name, age, relationship, address

Full name, age, relationship, address

Dated : June 23, 2025

Kimberly Rae Young

Affiant's full name

360-661-2655

Telephone number

27130 Burmaster

Street

Sedro Woolley WA 98284

City State Zip Code

Kimberly Rae Young 6-23-25

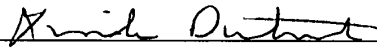
Signature Date

Kimberly Rae Young

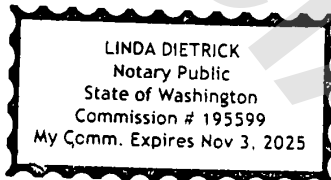
REV 84 0017 (1/3/17)

State of Washington County of County SkagitI know or have satisfactory evidence that Kimberly Rae Young
(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: 6/23/25
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Skagit CountyNotary Public in and for the State of WashingtonMy appointment expires: 11/03/2025

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REV 84 0017 (1/3/17)

EXHIBIT A

LEGAL DESCRIPTION: Real property in the County of Skagit, State of Washington, described as follows:

Lot 15, Tract 2, PEAVEY'S ACREAGE, according to the Plat thereof recorded in Volume 3 of Plats, page 37, records of Skagit County, Washington.

202507090032
2025 11:43 AM Page 5 of 6

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-035534

DATE ISSUED: 08/06/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANDREW WILLIAM

LAST NAME(S): YOUNG JR

AKA: WILLIE YOUNG

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 29, 2020

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 56 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 25, 1964

BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KIMBERLEY MITCHELL

OCCUPATION: DAIRY FARMER

INDUSTRY: AGRICULTURE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: KIMBERLEY MITCHELL YOUNG

RELATIONSHIP: WIFE

ADDRESS: 27130 BURMASTER ROAD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: MECHANICAL ASPHYXIA

INTERVAL: SECONDS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: JULY 29, 2020

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: YES

PLACE OF INJURY: FIELD

LOCATION OF INJURY: 27506 BURMASTER RD

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

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: FARM TRACTOR OVERTURNED ON TO OPERATOR.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE

FACILITY OR ADDRESS: 27506 BURMASTER ROAD

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

RESIDENCE STREET: 27130 BURMASTER ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284-9053

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER: ANDREW WILLIAM YOUNG SR

MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 06, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

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

FUNERAL DIRECTOR: DAVID P. BRADLEY

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: NO RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: AUGUST 04, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 200729-281

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBONAL

DATE RECEIVED: AUGUST 05, 2020

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

202507090032

Mail to: Center for Health Statistics
07/09/2025 11:43 AM Page 6 of 6
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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature: Printed name: Date:	16b. Signature of 2nd parent (if required): Printed name: Date:
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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 (can be any combination of the first, middle or last names)*
- 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

CERTIFIED

AUG 06 2020

Howard Leibrand M.D., Health Officer



0 3 8 0 6 8 6 8

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