

Return Address:

Timothy Young, PR  
2029 E. Beaver Lake Dr. S.E.,  
Sammamish, WA 98075  
25-23884-KM

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 07/18/2025

GNW 25-23884

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Timothy Young 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 son

of Diana L. Millikan, who died on 9/30/21  
at Anacortes Skagit Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: That portion of the SE 1/4 of  
the SE 1/4 of Sect. 11, Twp 35 North  
Range 1 E, W.M. described as that portion of  
the N. 80 Rods of Tract 1 of "Referee's Plot"  
lying <sup>\*North</sup> of the County Road

Assessor's Property Tax Parcel/Account Number: P31273/350111-0-022-  
(Attach full legal description of the property) 0009

- 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)

Alan E. Millikan, surviving spouse  
cto Timothy Young, P.R.: 2029 E. Beaver Lake Dr SE  
Full name (age) relationship, address Sammamish WA 98075

Lynn Marie Janik, daughter  
P.O. Box 1388, Freeland, WA 98249  
Full name (age) relationship, address

Timothy Young, son  
2029 E. Beaver Lake Dr SE, Sammamish WA  
Full name (age) relationship, address 98075

April Schoenmakers, daughter  
5777 Applegrove Lane, Ferndale, WA 98248  
Full name (age) relationship, address

Sarah Brock, daughter  
10736 W. Lariat Lane, Peoria, AZ 85383  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

Dated : \_\_\_\_\_

Timothy Young  
Affiant's full name

425-785-6551  
Telephone number

2029 E. Beaver Lake Dr. S.E.

Sammamish WA 98075  
City State Zip Code

[Signature] 7/11/2025  
Signature Date

State of WA County of Skagit

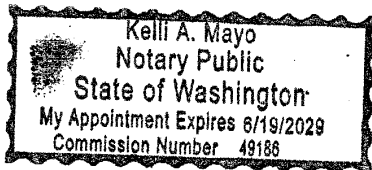
I know or have satisfactory evidence that Timothy Young  
(name of person)

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: 7/11/25

[Signature]  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Sedro Woolley WA

Notary Public in and for the State of WA

My appointment expires: 6/19/29

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-049376

DATE ISSUED: 10/14/2021  
FEE NUMBER:FIRST AND MIDDLE NAME(S): DIANA MARGARET  
LAST NAME(S): MILLIKANCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 30, 2021  
HOUR OF DEATH: 04:10 PM  
SEX: FEMALE AGE: 88 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: SOUTHAMPTON UNITED KINGDOMMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ALAN EUGENE MILLIKANOCCUPATION: REGISTERED NURSE  
INDUSTRY: HEALTHCARE  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NOINFORMANT: ALAN EUGENE MILLIKAN  
RELATIONSHIP: HUSBAND  
ADDRESS: 4929 S. SHORE DRIVE, ANACORTES, WA, 98221CAUSE OF DEATH:  
A: CHRONIC LYMPHOCYTIC LEUKEMIA B CELL TYPE  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY BREAST CANCER,  
RECENT TYPE II DENS FRACTUREDATE OF INJURY: SEPTEMBER 19, 2021  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: HOME

LOCATION OF INJURY: 4929 S SHORE DR

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 4929 S. SHORE DRIVE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 4929 S. SHORE DRIVE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 29 YEARSFATHER: FRANK LEE  
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: OCTOBER 05, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAMMANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: OCTOBER 04, 2021CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 211004-471  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: OCTOBER 04, 2021

DOH 429-132 (8/15)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

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.

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, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record
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 2nd parent (if required)
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 Acknowledgment of Parentage form, last name can be changed once to either parent's 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.

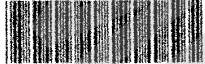
Death Certificates
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, 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.

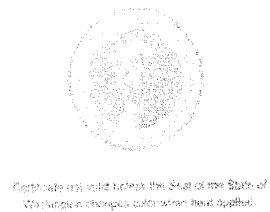
\*CERTIFIED\*

OCT 14 2021

Skagit County Health Department
Howard Lebrand M.D., Health Officer



0 5 1 6 4 5 6 0



Certificate will void unless the Seal of the State of Washington changes (through date stamp) have applied.