

Return Address:

2707 Colby Ave #1001  
Everett WA 98201

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 07/21/2025

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Sandra J Vaughn, 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 Legal Spouse

of George A Vaughn, who died on 09/24/2024  
*Decedent/Grantor* *Relationship to decedent* *Date*

at Everett Snohomish WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lots 11 and 12, Moody's Addn. to the Town of Mt. Vervnon

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessor's Property Tax Parcel/Account Number: P53711/ 3742-002-012-0009  
(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)

Sandra Jane Vaughn  
101 W Section Street Mount Vernon, WA 98273

*Full name, age, relationship, address*

Dated : 7-18-2025<sup>5<sup>63</sup></sup>

Sandra J. Vaughn

Affiant's full name

360-941-0541

Telephone number

385 Brice Road

<u>Silver Creek</u>	<u>GA</u>	<u>Street</u>	<u>30173</u>
City	State	Street	Zip Code

<u>Sandra J. Vaughn</u>	<u>7-18-2025</u>
Signature	Date

State of Georgia County of Floyd

I know or have satisfactory evidence that Sandra J Vaughn  
(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: 07/18/2025

Michelle Phillips  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: 16 Hickory Mountain Dr  
Lindale, Ga 30147  
Notary Public in and for the State of Georgia

My appointment expires: 8/13/2028

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-047158

LOCAL FILE NUMBER: 4390

DATE ISSUED: 04/29/2025  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GEORGE ALAN  
LAST NAME(S): VAUGHN

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: SEPTEMBER 24, 2024  
HOUR OF DEATH: 12:37 AM  
SEX: MALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SANTA CRUZ, CA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SANDRA JANE RYDER

OCCUPATION: PIPE FITTER  
INDUSTRY: PLUMBING  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

INFORMANT: SANDRA JANE VAUGHN  
RELATIONSHIP: SPOUSE  
ADDRESS: 101 W SECTION ST. MOUNT VERNON WA 98273

CAUSE OF DEATH:  
A: STAPHYLOCOCCUS AUREUS BACTEREMIA  
INTERVAL: WEEKS  
B: PROSTHETIC JOINT INFECTION OF THE KNEE  
INTERVAL: WEEKS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CARDIOGENIC SHOCK, ANURIC  
RENAL FAILURE, SEPSIS DUE TO BACTEREMIA

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: HOSPITAL  
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MED CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201-4147

RESIDENCE STREET: 101 W SECTION ST.  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: WAYNE VAUGHN  
MOTHER: RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EVERGREEN CREMATION

CITY, STATE: OAK HARBOR, WASHINGTON  
DISPOSITION DATE: OCTOBER 03, 2024

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201  
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372  
FUNERAL DIRECTOR: JUSTINE E. WHITE

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

CERTIFIER NAME: ROSANE J. FERNANDEZ, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1700 13TH STREET  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201  
DATE SIGNED: SEPTEMBER 27, 2024

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

LOCAL DEPUTY REGISTRAR: ZHARIA DENNIS  
DATE RECEIVED: SEPTEMBER 30, 2024

DOH422-1325KAGIT (2/22)

