202507310045
07/31/2025 12:40 PM Pages: 1 of 6 Fees: $308.50
Skagit County Auditor, WA

Return Address:
Land Title and Escrow Co.
111 East George Hopper Road
Burlington, WA 98233
215762-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY BELEN MARTINEZ
DATE 07/31/2025

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Judith L. Digerness being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

wife of Gerald B. Digerness,
Relationship to decedent *Decedent/Grantor Name*

who died on May 3, 2025 at
Date

Mount Vernon Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Lot 68, Horizon Heights Div. No. IV

Assessor's Property Tax Parcel/Account Number: 4676-000-068-0000/P108760
(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)

Judith L Digerness, 88 wife
1300 "O" Ave, Apt. 303 Anacortes, WA 98221
Full name, age, relationship, address

Wendy Brazas, 64 daughter
8667 Southridge Pl. Anacortes, WA 98221
Full name, age, relationship, address

Teri McBride, 65 daughter
Oregon City, Oregon
Full name, age, relationship, address

Shari Digerness, 63 daughter
Burien, WA
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: July 23, 2025

Judith L. Digerness by Wendy Bracas AIF
Affiant's full name

360-391-3496
Telephone number

8667 Southridge Place
Street

Anacortes WA 98221
City *State* *Zip Code*

Judith L Digerness by Wendy Bracas AIF July 23, 2025
Signature *Date*

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 23 day of July, 2025 by Wendy Bracas AIF for Judith L Digerness

Shanna A. Reyna
Signature

Notary public
Title

My appointment expires: 11/19, 2028

SHANNA A REYNA
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
24036165
11-19-28

EXHIBIT "A"

LEGAL DESCRIPTION

Parcel Number: 4676-000-068-0000/P108760

Lot 68, "HORIZON HEIGHTS DIV. NO. IV", as per Plat recorded in Volume 16 of Plats, pages 105 and 106, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-022553
DATE ISSUED: 05/06/2025
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GERALD BERTON
LAST NAME(S): DIGERNESS
AKA: JERRY DIGERNESS
COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 03, 2025
HOUR OF DEATH: 09:10 PM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: BREMERTON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JUDITH LORRAINE FARRAR

OCCUPATION: FARMER
INDUSTRY: FARMING/AGRICULTURE - ANIMAL PRODUCTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: JUDITH L DIGERNESS
RELATIONSHIP: WIFE
ADDRESS: 1300 O AVENUE APT 303, ANACORTES, WA 98221

CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE
INTERVAL: UNABLE TO DETERMINE
B: METASTATIC CHOLANGIOCARCINOMA
INTERVAL: UNABLE TO DETERMINE
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION, PARKINSONS DISEASE

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: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

RESIDENCE STREET: 3317 F AVENUE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: GERHARD CLARENCE DIGERNESS
MOTHER: HELEN BERNICE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MAY 07, 2025

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: 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: MICHELLE PHAM, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MAY 05, 2025

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MAY 06, 2025

DOH422-132SKAGIT (2/20)

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	2. Date of Event:	3. Place of Event: (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) Middle	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First / 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.

CERTIFIED
Howard Leibrand MD, Health Officer
Skagit County Health Department
SKAGIT COUNTY
STATE OF WASHINGTON

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

0 7 1 8 8 4 7 4