

**Return Address:**

WFG National Title Company  
2727 Hollycroft Street  
Gig Harbor, WA 98335  
400232-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 08/11/2025

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee JASON R BAUFFE 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

BROTHER of TAMI COOPER  
*Relationship to decedent* *Decedent/Grantor Name*

who died on: 10/9/24 at  
*Date*

SEDDO-WOODLEY SKAGIT WASHINGTON  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 8, Park Cottages

Assessor's Property Tax Parcel/Account Number: 4834-000-008-0000/P121523  
(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)

JASON ROBERT BOUFFINE 51 BROTHER  
Full name, age, relationship, address

1233 194TH ST NE ARLINGTON, WA 98223

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: 08/09/2025  
JASON ROBERT BOUFFINE  
Affiant's full name  
360-770-7523  
Telephone number

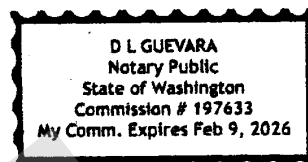
1233 194<sup>TH</sup> ST NE  
Street  
ARLINGTON WA 98023  
City State Zip Code  
[Signature] 08/09/2025  
Signature Date

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 09 day of August, 2025 by  
Jason Robert Bouffine

[Signature]  
Signature  
Notary Public  
Title

My appointment expires: February 09, 2026



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-049525

DATE ISSUED: 10/11/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): TAMARA JEAN

LAST NAME(S): COOPER

AKA: TAMI COOPER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 09, 2024

HOUR OF DEATH: 07:30 AM

SEX: FEMALE

AGE: 57 YEARS

SOCIAL SECURITY NUMBER: XXXXXXXXXX

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: RECEPTIONIST

INDUSTRY: HEALTHCARE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DANIEL SCOTT COOPER

RELATIONSHIP: COMPANION

ADDRESS: 830 PARK COTTAGE PLACE, SEDRO-WOOLLEY, WA 98284

## CAUSE OF DEATH:

A: END-STAGE LIVER DISEASE

INTERVAL: MONTHS

B: CIRRHOSIS OF THE LIVER

INTERVAL: YEARS

C: NON-ALCOHOLIC METABOLIC LIVER DISEASE

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC CONGESTIVE HEART FAILURE WITH PRESERVED EJECTION FRACTION, RECURRENT UPPER GASTROINTESTINAL BLEEDS

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: 830 PARK COTTAGE PLACE

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

RESIDENCE STREET: 830 PARK COTTAGE PLACE

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

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: RONALD JAMES BOUFFINE

MOTHER: SHIRLEY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 16, 2024

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: OCTOBER 09, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: OCTOBER 11, 2024

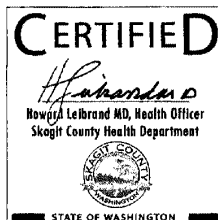
DOH422-1328KAGIT (2/2)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
DOH 422-034 August 2019					
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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
1. Name on Record:		2. Date of Event:		3. Place of Event:	
First Middle Last					
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			
First Middle Last/Maiden		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 _____ Zi _____					
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 2 <sup>nd</sup> parent (if required):			
Printed name: _____ Date: _____		Printed name: _____ Date: _____			
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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.					
*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.					
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.					
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.



0 6 7 9 1 6 8 7

**Legal Description**

Lot 8, "Plat of Park Cottages", as recorded April 20, 2004, under Auditor's File No. 200404200129, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.