



202508220095

08/22/2025 01:01 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Return Address:

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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20252726  
AUG 22 2025

Amount Paid \$  
Skagit Co. Treasurer  
By KD Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Jessica Forsyth, 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 Spouse  
*Relationship to decedent*  
of John Forsyth, who died on July 19, 2025  
*Decedent/Grantor* *Date*  
at Sedro Woolley Skagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lots 11 and 12, Block 106,  
Town of Sedro, according to the plat thereof  
Recorded in Volume 1 of Plat, page 18, Skagit County  
Washington

Assessor's Property Tax Parcel/Account Number: P76239  
(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)

(Page 1 of \_\_\_\_\_)

J  
Jessica GAY Forsyth  
*Full name, age, relationship, address*  
1825 8th St. Sedro Woolley  
WA 98284  
*Full name, age, relationship, address*

Dated : Aug 22, 2025

Jessica Gray Forsyth  
Affiant's full name

208-309-1785  
Telephone number

1825 8th St.

Sedro Woolley City      WA State      98284 Zip Code

Jessica Forsyth Signature      Aug 22, 2025 Date

State of Washington County of \_\_\_\_\_  
Skagit

I know or have satisfactory evidence that Jessica Gray Forsyth  
(name of person)

is the person who appeared before me, and said person acknowledged that (he<sup>(s)</sup>he) signed this affidavit and acknowledged it to be (his<sup>(h)</sup>her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 8 / 22 / 2025

Kaylee Oudman  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3 / 30 / 2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-035958

DATE ISSUED: 07/23/2025  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN ADAM  
LAST NAME(S): FORSYTH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 19, 2025  
HOUR OF DEATH: 09:30 AM  
SEX: MALE AGE: 42 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1825 8TH ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284-1984

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

RESIDENCE STREET: 1825 8TH ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-1984  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTH DATE: [REDACTED]  
BIRTHPLACE: PARSONS, KANSAS

FATHER: JOHN PERRY FORSYTH  
MOTHER: PATRICIA GAIL [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JESSICA GAY TACKETT

METHOD OF DISPOSITION: NATURAL ORGANIC REDUCTION  
PLACE OF DISPOSITION: EARTH FUNERAL GROUP, INC.

OCCUPATION: AIR TRAFFIC CONTROLLER  
INDUSTRY: AVIATION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

CITY, STATE: AUBURN, WASHINGTON  
DISPOSITION DATE: AUGUST 04, 2025

INFORMANT: PATRICIA GAIL FORSYTH  
RELATIONSHIP: MOTHER  
ADDRESS: 1212 NW 21ST STREET, FRUITLAND, IDAHO, 83619

FUNERAL FACILITY: EARTH FUNERAL GROUP INC

ADDRESS: 4620 B ST NW SUITE 102  
CITY, STATE, ZIP: AUBURN, WASHINGTON 98001  
FUNERAL DIRECTOR: AMANDA ETTAKI

CAUSE OF DEATH:  
A: COLON CANCER  
INTERVAL: 2 YEARS  
B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JULY 21, 2025

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: JULY 21, 2025



Affidavit for Correction

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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: 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
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

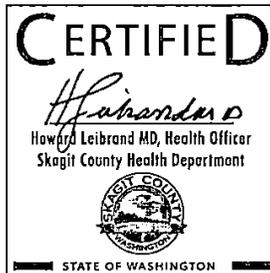
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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



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



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