

202510150112

10/15/2025 02:55 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

Michael D Bullock
707 N 16th St
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20253781
OCT 15 2025

Amount Paid \$0
By Skagit Co. Treasurer
KD Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Michael D Bullock, 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 husband

Relationship to decedent
of Susan C Bullock, who died on 12/04/2023
Decedent/Grantor *Date*
at Mount Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 8, Block 1, Mount Vernon Heights Addition, Mount Vernon, WA, as per plat
recorded in Volume 5 of Plats, Page 47, records of Skagit County, Washington
3747-001-008-0002/P53866

Assessor's Property Tax Parcel/Account Number: 3747-001-008-0002/P53866
(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 3)

Michael D. Bullock, 72, husband
707 N. 16th St. Mount Vernon, WA 98273
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

Full name, age, relationship, address

Dated : 10/15/2025Michael D Bullock

Affiant's full name

Telephone number

360 421 7924 707 N. 16th St.Mount Vernon WA 98273
City State Zip CodeMichael D Bullock 10/15/2025
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Michael D Bullock
(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: 10 / 15 / 2025C. Daniela Peña
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mount Vernon, WANotary Public in and for the State of WashingtonMy appointment expires: 11 / 2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-059919

DATE ISSUED: 12/08/2023
FEE NUMBER:FIRST AND MIDDLE NAME(S): SUSAN CAROL
LAST NAME(S): BULLOCKCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 04, 2023
HOUR OF DEATH: 04:20 AM
SEX: FEMALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAEL D BULLOCKOCCUPATION: LABORATORY TECHNICIAN
INDUSTRY: MEDICAL LABORATORY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: MICHAEL D BULLOCK
RELATIONSHIP: HUSBAND
ADDRESS: 707 N 16TH STREET, MOUNT VERNON, WA, 98273CAUSE OF DEATH:
A: SEPTIC SHOCK DUE TO PNEUMONIA
INTERVAL: DAYSB:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LUNG CANCER

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 98274RESIDENCE STREET: 707 N 16TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 32 YEARSFATHER: HAROLD BUZZ TULLER
MOTHER: CAROL [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 08, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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: NO RESPONSECERTIFIER NAME: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 08, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER
DATE RECEIVED: DECEMBER 08, 2023



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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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 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.
- *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

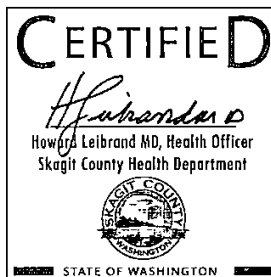
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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