

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
400629-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11/26/2025

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Georgina E. Eason, 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

Surviving Spouse of
Paul H. Eason
Relationship to decedent *Decedent/Grantor Name*

who died on 05/24/2024 at
Date

Seattle King Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Lot 30, Creekside Village Phase II

Assessor's Property Tax Parcel/Account Number: 4536-000-030-0009/P84005
(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)

Georgina Ethel Eason 89 Wife 11356 20th ave NE
Seattle WA 98125
Full name, age, relationship, address

Derek Wayne Eason 60 son 8816 Foothill blv. unit 103-193 Rancho
Full name, age, relationship, address

Cucamonga, CA. 91730
Full name, age, relationship, address

Lorraine Beverly Belanger 65 ^{Daughter} ~~Daughter~~, 7912 Perlita Ave
Rancho Cucamonga, CA. 91730
Full name, age, relationship, address

This affidavit is made to induce Land Title and Escrow Company and its underwriters to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

Note: A request to insure may be required from an attorney, and deeds may be required from heirs or devisees of the decedent.

Georgina E. Eason by Douglas L. H. Page Attorney in Fact
Affiant's Signature

Georgina E. Eason by Douglas L. H. Page, Attorney in Fact

Douglas L. H. Page
Printed Name of Affiant

11356 20th Ave NE
Seattle WA. 98125
Address

206-218-2748
Phone Number

State of: Washington
County of: King

I certify that I know or have satisfactory evidence that Georgina E. Eason by Douglas L. H. Page, Attorney in Fact is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 11-21-2025 Hannah Burns
Signature
Notary Public
Title
My appointment expires: 07/31/2027

Seal or Stamp

Notary Public
State of Washington
Hannah Burns
Commission No. 23023825
Commission Expires 07-31-27

Legal Description

Lot 30, "CREEKSIDE VILLAGE PHASE 11", as per plat recorded in Volume 14 of Plats, pages 133 and 134, 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: 2024-025630

DATE ISSUED: 06/13/2024
FEE NUMBER: 182447354

FIRST AND MIDDLE NAME(S): PAUL HUBERT
LAST NAME(S): EASON

COUNTY OF DEATH: KING
DATE OF DEATH: MAY 24, 2024
HOUR OF DEATH: 11:46 AM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 11039 17TH AVE NE 106
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98125

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

RESIDENCE STREET: 11039 17TH AVE NE 106
CITY, STATE, ZIP: SEATTLE, WA 98125
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTH DATE:
BIRTHPLACE: HENDON, MIDDLESEX ENGLAND

FATHER: HUBERT EASON
MOTHER: MARJORIE

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: GEORGINA ETHEL BASS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PREMIER MORTUARY SERVICE

OCCUPATION: ENGINEER - ELECTRICAL
INDUSTRY: AEROSPACE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: JUNE 05, 2024

INFORMANT: GEORGINA ETHEL EASON
RELATIONSHIP: WIFE
ADDRESS: 2012 CREEKSIDE CIRCLE ANACORTES, WA 98221

FUNERAL FACILITY: PREMIER MORTUARY SERVICE

ADDRESS: 1410 7TH ST UNIT D2
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98201
FUNERAL DIRECTOR: JOSEPH L. PARKER

- CAUSE OF DEATH:
- A: PRESUMED ASPIRATION PNEUMONIA
INTERVAL: 1 DAYS
 - B: DYSPHAGIA
INTERVAL: 6 WEEKS
 - C: DEMENTIA-PROBABLY MIXED VASCULAR AND ALZHEIMERS
INTERVAL: 3 YEARS
 - 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: ROBIN FONTANA, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: PO BOX 1526
CITY, STATE, ZIP: MERCER ISLAND, WASHINGTON 98040
DATE SIGNED: MAY 29, 2024

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DARIN WISE
DATE RECEIVED: MAY 30, 2024



Affidavit for Correction

Mail to: Center for Health Statistics
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	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: 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) 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 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 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:	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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

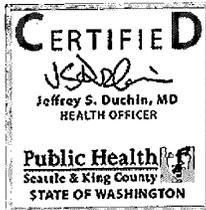
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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 7 0 8 6 7 8 1