

After recording, return to:  
Heather Donley  
Chicago Title Company of Washington  
425 Commercial St  
Mount Vernon, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 12/23/2025

Grantor (Name of Decedent): DONALD DAVID DUBOSE

Grantee (Heirs): DEBORAH LYNN DUBOSE

Abbreviated Legal Description: LT D, SKAGIT COUNTY SPL NO. 96-0029, REC. NO. 9810270124  
BEING PTN NW 1/4 SEC 17-35-7E, W.M.

Tax Parcel No.(s): P113596 / 350717-2-007-0700

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF WASHINGTON

Chicago Title  
620060427

COUNTY OF SKAGIT

The undersigned, DEBORAH DUBOSE, executes this affidavit relating to the estate of DONALD DUBOSE (herein "Decedent"), who died on 12/1/2024, in the County of SNOHOMISH, State of WASHINGTON, then being a resident of the City of SEDRO WOOLLEY, County of SKAGIT, State of WASHINGTON.

**(A copy of the death certificate is attached hereto.)**

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on 10/16/2009  
[mm/dd/yyyy], under Recording No. 200910160072, in SKAGIT County, Washington.

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

other (identify): \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: DEBORAH DUBOSE, SPOUSE

Name and relationship: Unknown

Name and relationship: Unknown

Name and relationship: Unknown

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

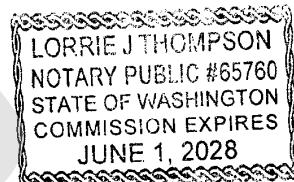
The decedent left a Will that devises real property.  
 The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Signed by:  
Deborah L. Dubose  
481C986FF6B14B  
Signature

Deborah L. Dubose  
Print Name

State of Washington  
County of Skagit



This record was acknowledged before me on 12-17-25 by  
Deborah L. Dubose

Lorrie J. Thompson  
(Signature of notary public)  
Notary Public in and for the State of Washington  
My commission expires: 6-1-2028

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P113596 / 350717-2-007-0700**

LOT D OF SKAGIT COUNTY SHORT PLAT NO. 96-0029, APPROVED OCTOBER 26, 1998,  
RECORDED OCTOBER 27, 1998, IN VOLUME 13 OF PLATS, PAGE 177, UNDER AUDITOR'S FILE  
NO. 9810270124, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF THE  
SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 35  
NORTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-064004

LOCAL FILE NUMBER: 5

DATE ISSUED: 12/17/2025  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONALD DAVID  
LAST NAME(S): DUBOSE

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: DECEMBER 01, 2024  
HOUR OF DEATH: 02:04 PM  
SEX: MALE AGE: 55 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JULY 23, 1969  
BIRTHPLACE: TACOMA, WASHINGTON

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DEBORAH LYNN SEBASTIAN

OCCUPATION: MACHINIST  
INDUSTRY: TRANSPORTATION - AIR  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: MORGIE BROMLEY  
RELATIONSHIP: POA  
ADDRESS: 1111 CLEVELAND AVE STE 102, MT VERNON, WA 98273

CAUSE OF DEATH:  
A: SPONTANEOUS INTRACRANIAL HEMORRHAGE  
INTERVAL: 4 DAYS

B: UNCONTROLLED HYPERTENSION  
INTERVAL: 10 YEARS

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: PROVIDENCE REGIONAL MED CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201-4147

RESIDENCE STREET: 8336 PINELLI ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: WILLIAM G RAY, JR  
MOTHER: IRIS [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NEW TACOMA CREMATORIUM

CITY, STATE: UNIVERSITY PLACE, WASHINGTON  
DISPOSITION DATE: APRIL 09, 2025

FUNERAL FACILITY: NEW TACOMA CEMETERIES AND FUNERAL HOME

ADDRESS: 9212 CHAMBERS CREEK RD W  
CITY, STATE, ZIP: UNIVERSITY PLACE, WASHINGTON 98467  
FUNERAL DIRECTOR: LEN R. BURTON-HARDIN

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: SETH HARTUNG, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1700 13TH ST  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201  
DATE SIGNED: DECEMBER 20, 2024

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

LOCAL DEPUTY REGISTRAR: TAYLOR WALPURIS  
DATE RECEIVED: JANUARY 02, 2025



DOH 422-034 August 2019

**Affidavit for Correction**

This is a legal document. Complete in ink and do not alter.

202512230071

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Centers for Disease Control and Prevention  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/>		2. Date of Event: Month/Day/Year: <input type="text"/>	3. Place of Event: (City or County) <input type="text"/>	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/>		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/>		
6. Name of Person Requesting Correction: First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/>		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) <input type="text"/>	

7. Return Mailing Address: PO Box <input type="text"/> Apt # <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
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Telephone Number: <input type="text"/>	Email Address: <input type="text"/>
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**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. <input type="text"/>	9. <input type="text"/>
10. <input type="text"/>	11. <input type="text"/>
12. <input type="text"/>	13. <input type="text"/>

**I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.**

14a. Signature: <input type="text"/>	14b. Signature of 2 <sup>nd</sup> parent (if required): <input type="text"/>
Printed name: <input type="text"/>	Date: <input type="text"/>

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

\*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)**

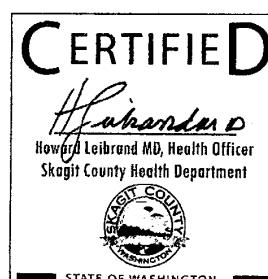
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To 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 7 1 9 7 6 4 0