

2004928135

Recording Requested By & Return to:
ServiceLink
1355 Cherrington Pkwy
Moon Twp, PA 15108

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 01/27/2026

Prepared by: Joshua Dabling, Esq., Dabling Law Firm, Washington State Bar Number 44792, Cordell Law LLC, 5315 N Clark Street #173, Chicago, IL 60640, (866) 363-3337.

The preparer of this instrument has neither been requested to nor has the preparer conducted a title search or an inspection of the real property transferred hereby. No representations or warranties as to accuracy of the description, the status of title or condition of the real property have been made by the preparer.

EXEMPT FROM EXCISE TAX

WAC 458-61A-202(6)(h) community property interest of the decedent is transferred to a surviving spouse

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee **Jessica Forsyth**, being first duly sworn deposes and states as follows:

That they are a rightful heir as listec on heirs at law, to the real property described below, and is the spouse of **John Forsyth**, who died on 7/19/2025 in Skagit County, Washington.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LTS 11 AND 12, BLCK 106, TOWN OF SEDRO, VOL 1 OF PLATS, PG 18, CO SKAGIT, WA

LOTS 11 AND 12, BLOCK 106, TOWN OF SEDRO, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 1 OF PLATS, PAGE 18, SKAGIT COUNTY, WASHINGTON.

Parcel ID: P76239 / 4152-106-014-0007

Commonly known as: 1825 8th St, Sedro Woolley, WA 98284

- 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)

Jessica Forsyth, Spouse, Age: _____
1825 8th St, Sedro Woolley, WA 98284

Full name, age, relationship, address

N.A.

Full name, age, relationship, address

Dated : 12-22-25

Jessica Forsyth

Affiant's full name

208-309-1785

Telephone number

1825 8th St

Street

Sedro Woolley, WA 98284

City

State

Zip Code

Jessica Forsyth
Signature

12-22-25
Date

State of WASHINGTON

County of SKAGIT

I know or have satisfactory evidence that **Jessica Forsyth** 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: 12/22/2025

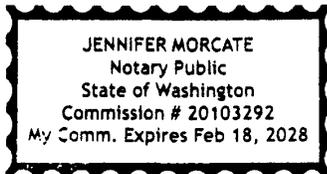
Jennifer Morcate
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Anacortes, WA

Notary Public in and for the State of WA

My appointment expires: 02/18/2028



**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-035958

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]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: PARSONS, KANSAS

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JESSICA GAY TACKETT

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

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

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

DATE ISSUED: 07/23/2025
FEE NUMBER:

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

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

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

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

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

FUNERAL FACILITY: EARTH FUNERAL GROUP INC

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

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: 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

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

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

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH422-1825KAGIT (2/22)

Washington State Department of Health
 DOH 422-034 August 2019

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 _____ 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 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.