202601290040
01/29/2026 01:19 PM Pages: 1 of 6 Fees: $308.50
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

Return Address:
Land Title and Escrow Company
111 East George Hopper Road
Burlington, WA 98233
~~214282-LT~~
le00302182-352

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 01/29/2026

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Bridgett Pogline, 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

Spouse of
Frank J. Pogline, Jr.,
Relationship to decedent *Decedent/Grantor Name*

who died on November 21, 2024 at
Date

Anacortes Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Lot 29, Copper Pond PUD

Assessor's Property Tax Parcel/Account Number: 4661-000-029-0000/P108198
(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)

Bridgett Pogline, 54, Spouse, 1908 Corbet St Walnut Ridge, AR 72476
Full name, age, relationship, address

Kristie Pogline, 31, child,
Full name, age, relationship, address

Jessie Young 27, child, 1100 SW Harrier #4, Oak Harbor, WA 98277
Full name, age, relationship, address

Brysun Pogline, 13, child, 16147 Mill Rd Lane, LaConner, WA 98257
Full name, age, relationship, address

Bentley Pogline, 10, Child, 1908 Corbet St., Walnut Ridge, AR 72476
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

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Dated: 04/01/2025

Bridgett Pogline
Affiant's full name

360-941-2077
Telephone number

1908 Corbet St
Street

Walnut Ridge | AR | 72476
City | *State* | *Zip Code*

Bridgett Pogline | 04/01/2025
Signature | *Date*

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 1st day of April, 2025 by Bridgett Pogline.

Signature

Title

My appointment expires: Aug. 18, 2028

KIMBERLY A HAWES
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
8-18-28
2475

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Legal Description

Lot 29, "PLAT OF COPPER POND PLANNED UNIT DEVELOPMENT," as per plat recorded in Volume 16 of Plats, pages 70 through 72, inclusive, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2024-057714**

DATE ISSUED: **04/02/2025**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **FRANK JOSEPH**
LAST NAME(S): **POGLINE JR**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **NOVEMBER 21, 2024**
HOUR OF DEATH: **05:00 PM**
SEX: **MALE** AGE: **57 YEARS**
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: **LOS ANGELES, CA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **BRIDGETT ARDELLE**

OCCUPATION: **CONTRACTOR**
INDUSTRY: **ARMED FORCES - NAVY**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

INFORMANT: **BRIDGETT POGLINE**
RELATIONSHIP: **WIFE**
ADDRESS: **3810 COPPER POND, ANACORTES, WA, 98221**

CAUSE OF DEATH:
A: **PRESUMED PULMONARY EMBOLISM**
INTERVAL: **10 MINUTES**
B: **MORBID OBESITY**
INTERVAL: **20 YEARS**
C: **HYPERTENSION**
INTERVAL: **20 YEARS**
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: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **3810 COPPER POND**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221-1162**

RESIDENCE STREET: **3810 COPPER POND**
CITY, STATE, ZIP: **ANACORTES, WA 98221-1162**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **25 YEARS**

FATHER: **FRANK JOSEPH POGLINE SR**
MOTHER: **JOYCE ELAINE**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**

CITY, STATE: **ANACORTES, WASHINGTON**
DISPOSITION DATE: **NOVEMBER 29, 2024**

FUNERAL FACILITY: **EVANS FUNERAL CHAPEL AND CREMATORY INC.**

ADDRESS: **1105 32ND STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**
FUNERAL DIRECTOR: **COLE B. ERIKSON**

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: **ALI SALARI, DO**
TITLE: **DO**
CERTIFIER ADDRESS: **1211 24TH STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**
DATE SIGNED: **NOVEMBER 22, 2024**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **241122-49**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CHRISTIAN STECHER**
DATE RECEIVED: **NOVEMBER 27, 2024**

DOH422-132SKAGIT (12/...

UNOFFICIAL DOCUMENT

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

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

1. Name on Record: First / Middle	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	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: ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

7. Return Mailing Address: 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.

CERTIFIED

Howard Leibrand MD, Health Officer
Skagit County Health Department

STATE OF WASHINGTON

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