

Return Address:

Clint Williams  
Northwest Estate Plans  
By Bromiley Mackay Williams, PLLC  
303 South Mission, Suite 300  
Wenatchee, WA 98801

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20260290  
Date 02/03/2026

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned solemnly affirm and swear as follows:

I am the surviving spouse of DENNIS JOHN MCCARN (“Decedent”), who died on August 28, 2023, at Mount Vernon, Washington. I am the rightful heir to Decedent’s interest in the real property described below, and identified as Skagit County Assessor’s Tax Parcel No.: 3772-086-004-0005 (P55491).

Lots 3 and 4, Block 86, “MAP OF THE CITY OF ANACORTES”, according to the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

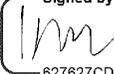
TOGETHER WITH all water rights appurtenant to or presently being used on the property described herein.

SUBJECT TO all encumbrances, rights, restrictions, reservations, covenants and easements, apparent or of record.

1. Decedent left no Last Will and Testament.
2. Name/Address of undersigned:

KIMBERLY JEAN MCCARN  
1205 18th Street  
Anacortes, WA 98221

DATED January 8, 2026.

Signed by:  
  
627627CD9449404...

KIMBERLY JEAN MCCARN

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF CHELAN )

I certify that I know or have satisfactory evidence that KIMBERLY JEAN MCCARN is the person who appeared before me and acknowledged by communication technology that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED January 8, 2026.

REBECCA LOUISE WOODS  
NOTARY PUBLIC  
STATE OF WASHINGTON  
Commission #37650  
My Comm. Expires 4/2/2027

Signed by:  
*Rebecca L. Woods*  
71359C7738014E4...

Typed/Printed Name Rebecca L. Woods  
ELECTRONIC RECORDS NOTARY, State of  
Washington  
My Commission Expires: 04/02/2027



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-042172

DATE ISSUED: 08/31/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENNIS JOHN  
LAST NAME(S): MCCARN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 28, 2023  
HOUR OF DEATH: 11:55 PM  
SEX: MALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 1205 18TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BRYAN, TX

FATHER: DONAL HUGH MCCARN  
MOTHER: BETTY [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KIMBERLY JEAN GRAHAM

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: PIPE FITTER  
INDUSTRY: INDUSTRIAL CONSTRUCTION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 01, 2023

INFORMANT: KIMBERLY JEAN MCCARN  
RELATIONSHIP: WIFE  
ADDRESS: 1205 18TH STREET, ANACORTES, WA 98221

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DANIEL G LA PLAUNT

CAUSE OF DEATH:  
A: ACUTE HYPOXIC RESPIRATORY FAILURE  
INTERVAL: 2 DAYS  
B: PNEUMONIA  
INTERVAL: 2 DAYS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NEW METASTATIC CANCER OF UNKNOWN PRIMARY

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: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ALLEN L. JOHNSON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: AUGUST 30, 2023

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: AUGUST 31, 2023

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
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**Required information must match current information on record**

**Required**

Record Type:  Birth  Death  Marriage  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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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<sup>nd</sup> parent (if required):  
Printed name: Date: Printed name: Date:

**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 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.
- 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.

**CERTIFIED**  
CHELAN-DOUGLAS HEALTH DISTRICT

JUN 05 2024



James Wallace, MD, MPH  
HEALTH OFFICER & REGISTRAR



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