

After recording, return to:

Shirley Campeau  
4065 E. University Blvd  
#147  
MESA AZ 85205

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 03/16/2026

Grantor (Name of Decedent): George Alex Campeau

Grantee (Heirs): Shirley C. Campeau

Abbreviated Legal Description: PTN TRACT 13, PLAT OF BURLINGTON ACREAGE PROPERTY

Tax Parcel No.(s): P62354 / 3867-000-013-0902

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

STATE OF WASHINGTON

COUNTY OF SKAGIT

The undersigned, Shirley C. Campeau, executes this affidavit relating to the estate of George A. Campeau (herein "Decedent"), who died on Aug 11, 2017 in the County of SKAGIT, State of Washington, then being a resident of the City of Burlington, 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 \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
- other (identify): \_\_\_\_\_

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

**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: Shirley C. Campan - wife  
Name and relationship: \_\_\_\_\_  
Name and relationship: \_\_\_\_\_  
Name and relationship: \_\_\_\_\_

**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

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

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

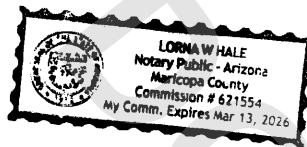
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Shirley C. Campan      Shirley C. Campan  
Signature  
Shirley C. Campan  
Print Name

State of ~~Washington~~ ARIZONA  
County of ~~Skagit~~ MARICOPA

This record was acknowledged before me on 3-12-26 by  
Shirley C. Campan

Lorna J. Hale  
(Signature of notary public)  
Notary Public in and for the State of ARIZONA  
My commission expires: 3-13-26



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P62354 / 3867-000-013-0902**

A PARCEL OF LAND IN THE EAST HALF OF TRACT 6 AND TRACT 13, PLAT OF BURLINGTON ACREAGE PROPERTY, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 1 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING 90 FEET WIDE AS MEASURED AT RIGHT ANGLES TO THE EASTERLY LINE AND DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF THE EAST HALF OF SAID TRACT 13;  
THENCE NORTH 89 DEGREES 46' EAST ALONG THE NORTH LINE OF SAID TRACT 13, A  
DISTANCE OF 220.82 FEET TO THE TRUE POINT OF BEGINNING;  
THENCE NORTH 68 DEGREES 28' EAST, A DISTANCE OF 40.39 FEET;  
THENCE SOUTH 12 DEGREES 02' EAST, A DISTANCE OF 205.01 FEET TO THE NORTH LINE OF  
THE STATE HIGHWAY;  
THENCE SOUTH 63 DEGREES 11'30" WEST ALONG THE NORTH LINE OF SAID HIGHWAY, A  
DISTANCE OF 93.07 FEET;  
THENCE NORTH 12 DEGREES 02' WEST, A DISTANCE OF 213.71 FEET;  
THENCE NORTH 68 DEGREES 28' EAST, A DISTANCE OF 50.86 FEET TO THE TRUE POINT OF  
BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-035022

DATE ISSUED: 03/05/2026  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GEORGE ALEX  
LAST NAME(S): CAMPEAU

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 11, 2017  
HOUR OF DEATH: 04:50 PM  
SEX: MALE AGE: 80 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: 20411 SR20  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ALMA, MICHIGAN

FATHER: GEORGE ALEC CAMPEAU  
MOTHER: MARGARET [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SHIRLEY OSBORNE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: OPERATOR  
INDUSTRY: CONSTRUCTION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 16, 2017

INFORMANT: SHIRLEY CAMPEAU  
RELATIONSHIP: WIFE  
ADDRESS: 20411 SR20 BURLINGTON WA 98233

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: CIRCULATORY SHOCK, CARDIOGENIC, POSSIBLY SEPTIC  
INTERVAL: 48 HR  
B: NON ST ELEVATION MYOCARDIAL INFARCTION  
INTERVAL: 48 HR  
C: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROBABLE INTESTINAL  
ISCHEMIA WITH SEPTIC SHOCK, DUE TO UNDERLYING CIRCULATORY SHOCK

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: JEFFREY W. MILLER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: AUGUST 14, 2017

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 14, 2017

**Affidavit for Correction**  
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 Information must match current information on record**  
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)  
6. Name of Person Requesting Correction: Relationship to  Self     Guardian     Informant     Hospital  
Person on Record:  Parent(s)     Funeral Director     Other (specify) \_\_\_\_\_

7. Return Mailing Address: P.O. 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:

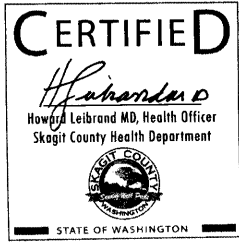
**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

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 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.

