

Return Address:

LAND TITLE  
3010 Commercial Ave  
Anacortes WA 98221

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 03/26/2026

State of Washington

County of Skagit

Land Title and Escrow Order #60034648-352

**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared Myrna M. Eastman Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Duane Calvin Eastman
3. The decedent died on 01/01/2021 (date) at Anacortes (City), Skagit (County), WA (State).
4. My/Our relationship to the decedent is as follows:  
Surviving Spouse
5. I am / We are the rightful heirs to the property described herein.
6.  Decedent left no last Will; or  Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)  
Abbreviated legal: Lot 37, Skyline, Division No. 3  
Tax ID Number: 3819-000-037-0002/P59142
8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.

9. The deceased is survived by the following heirs:

<u>Myrna M. Eastman</u>	<u>86</u>	<u>Spouse</u>
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____

Myrna M. Eastman  
Affiant's Signature

Myrna M. Eastman  
Printed Name of Affiant

1807 Bradley Drive  
Anatone WA 98221  
Address

State of: WA

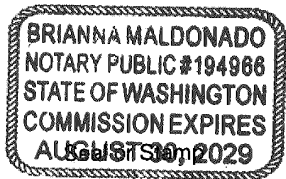
County of: Skagit

I certify that I know or have satisfactory evidence that Myrna M. Eastman is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: March 24 2020 Brianna Maldonado  
Signature

Notary public  
Title

My appointment expires: Aug 30 2025



Order No.: 60034648-352

**EXHIBIT "A"**

Lot 37, "Skyline No. 3" as per plat recorded in Volume 9 of Plats, pages 54 and 55, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

THE ADDRESS FOR THE EXHIBIT "A" ABOVE IS AS FOLLOWS:

**1807 Bradley Drive, Anacortes, WA 98221**

TITLE COMPANIES INSURE PROPERTIES BASED ON THE LEGAL DESCRIPTION  
(NOT THE PROPERTY ADDRESS),

AND THE PROPERTY ADDRESS IS NOT A PART OF THE LEGAL DESCRIPTION.

THE PROPERTY ADDRESS HAS BEEN ADDED TO THIS PAGE FOR REFERENCE ONLY.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-000904

DATE ISSUED: 01/12/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DUANE CALVIN  
LAST NAME(S): EASTMAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 08, 2021  
HOUR OF DEATH: 04:07 AM  
SEX: MALE AGE: 80 YEARS  
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 1807 BRADLEY DRIVE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 28 YEARS

BIRTH DATE:  
BIRTHPLACE: TWIN FALLS, ID

FATHER: ROY EARL EASTMAN  
MOTHER:

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: MYRNA MARIE REIMER

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FERN HILL CEMETERY

OCCUPATION: PASTOR  
INDUSTRY: RELIGION  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JANUARY 14, 2021

INFORMANT: MYRNA M EASTMAN  
RELATIONSHIP: WIFE  
ADDRESS: 1807 BRADLEY DRIVE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

- CAUSE OF DEATH:
- A: ACUTE RENAL FAILURE  
INTERVAL: 5 DAYS
- B: LIVER CIRRHOSIS  
INTERVAL: UNKNOWN
- C:  
INTERVAL:
- D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: RICHARD R. HOLMAN, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1211 24TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
DATE SIGNED: JANUARY 09, 2021

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 210108-239  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: JANUARY 11, 2021



# 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) 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:  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: Printed name: Date:  
14b. Signature of 2<sup>nd</sup> parent (if required): 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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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\*

JAN 12 2021

*Howard Lebrand*  
Skagit County Health Department  
Howard Lebrand M.D., Health Officer



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