



202604060105

04/06/2026 03:01 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

7902 Renic Dr
Sedro Woolley, WA
98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026-0755
MAR 18 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jason M. Kumle, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Spouse
Relationship to decedent

of Mia-Marie Kumle, who died on Sept. 6, 2023
Decedent/Grantor Date

at Sedro Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 25, ELK HAVEN ESTATES,
AS PER PLAT RECORDED ON AUGUST 6, 2002,
UNDER AUDITORS FILE NO. 200208060083,
RECORDS OF SKAGIT COUNTY, WASHINGTON

Assessor's Property Tax Parcel/Account Number: 119404
(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)

(Page 1 of _____)

Jason Michael Kumle (Self)

Full name, age, relationship, address

7902 Kenic Dr

Sedro Woolley, WA 98284

Full name, age, relationship, address

Zachariah Brendon Kumle (minor son)

7902 Kenic Dr, Sedro Woolley, WA 98284

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 3/18/26

Jason Michael Kumle
Affiant's full name

406 334 7352
Telephone number

7902 Renic Dr

Sedro Woolley ^{Street} WA 98284
City State Zip Code

[Signature] 3/18/26
Signature Date

State of Washington County of Skagit

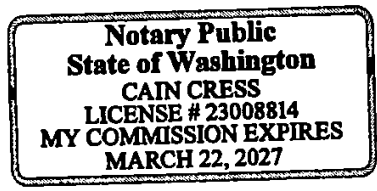
I know or have satisfactory evidence that Jason Michael Kumle
(name of person)

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: 3/18/26

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 3/27

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-043790

DATE ISSUED: 01/18/2024
FEE NUMBER:FIRST AND MIDDLE NAME(S): MIA MARIE
LAST NAME(S): KUMLECOUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 06, 2023 FOUND
HOUR OF DEATH: UNKNOWN
SEX: FEMALE AGE: 40 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: MAY 01, 1983
BIRTHPLACE: HANFORD, CAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: JASON MICHAEL KUMLEOCCUPATION: STUDENT
INDUSTRY: MEDICAL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: JASON MICHAEL KUMLE
RELATIONSHIP: HUSBAND
ADDRESS: 7902 RENIC DRIVE SEDRO WOOLLEY WA 98284CAUSE OF DEATH:
A: ACUTE COMBINED HYDROXYZINE, BUPROPION, DULOXETINE, AND ETHANOL INTOXICATION
INTERVAL: MINUTES-HOURSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 792 RENIC DR.

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: INGESTION OF AN EXCESSIVE
AMOUNT OF MEDICATION

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 7902 RENIC DRIVE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284-7537RESIDENCE STREET: 7902 RENIC DR
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-7537
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEARFATHER: GILBERT H FLORES
MOTHER: GORETTE MARY OLIVEIRAMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 11, 2023

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: SUICIDE
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT PREGNANT WITHIN THE PAST YEARCERTIFIER NAME: BRYCE M. ELDER
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: SEPTEMBER 07, 2023CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 230906-467
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: SEPTEMBER 11, 2023

DOH422-132SKAGIT(2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
Required	1. Name on Record:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	.MM/DD/YYYY	
	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
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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 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.
- *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

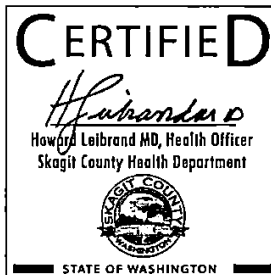
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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