



202604290257

04/29/2026 12:26 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026 1277
APR 29 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By BM Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee RANDY D CRUMRINE, 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 BROTHER
Relationship to decedent

of MICHAEL D CRUMRINE, who died on 06/05/25
Decedent/Grantor *Date*

at MOUNT VERNON, WA SKAGIT WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: GOVERNMENT LOT 12, SECTION 19,
TOWNSHIP 34 NORTH, RANGE 4 EAST, WM

Assessor's Property Tax Parcel/Account Number: 26659
(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 _____)

BANDY DEAN CRUMRINE, 67, BROTHER, 19570
SMILEY DRIVE, MOUNT WERNON, WA 98274
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

Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

RANDY DEAN CROMLINE
Affiant's full name

360-776-7938
Telephone number

19526 SWIRLEY DRIVE

MOUNT HENNON WA 98274
City State Zip Code

[Signature]
Signature

04/29/24
Date

State of Washington County of Skagit

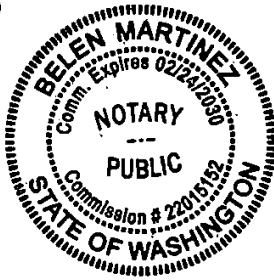
I know or have satisfactory evidence that Randy Dean Crumline
(name of person)

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: 04/29/2024

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 02/24/2030

EXHIBIT A

P26659: (1.0300 ac) TAX 181 PTN GOVERNMENT LOT 12, SECTION 19, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., DESC BAT NW C SD LT TH S 1-11-25 WALG W LI 745FT TH S 88-48-35 E 354FT TPB TH S 1-11-25 WALG LI PLT & 354FT ELY OF LT 12 200FT TH S 58-51-25 W 129FT TH N 88-48-35 W 71.50FT TH 1-11-25 E 201.19FT M/L TAP ON S LI DIKE R/W TH NELY ALG SD S LI TAP BEARS N 1-11-25 E FR TPB TH 1-11-25 W 66FT M/L TPB

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-028941

DATE ISSUED: 01/29/2026
FEE NUMBER: 310126

FIRST AND MIDDLE NAME(S): MICHAEL DALE
LAST NAME(S): CRUMRINE

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: OTHER

DATE OF DEATH: JUNE 05, 2025

FACILITY OR ADDRESS: 2120 E. DIVISION STREET

HOUR OF DEATH: 03:55 AM

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SEX: MALE

AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 19570 SMILEY DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 MONTHS

BIRTH DATE: [REDACTED]

FATHER: DALE CRUMRINE

BIRTHPLACE: MOUNT VERNON, WASHINGTON

MOTHER: WUANITA [REDACTED]

MARITAL STATUS: DIVORCED

METHOD OF DISPOSITION: CREMATION

SURVIVING SPOUSE: NOT APPLICABLE

PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

OCCUPATION: OPERATING ENGINEER

CITY, STATE: STANWOOD, WASHINGTON

INDUSTRY: HEAVY EQUIPMENT

DISPOSITION DATE: JUNE 10, 2025

EDUCATION: NO DIPLOMA; 9TH - 12TH GRADE

US ARMED FORCES: YES

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

INFORMANT: RANDY CRUMRINE

RELATIONSHIP: BROTHER

ADDRESS: 8808 271ST ST NW

ADDRESS: 19570 SMILEY DRIVE, MOUNT VERNON, WA 98274

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

FUNERAL DIRECTOR: AMY H. BERMAN

CAUSE OF DEATH:

A: GLIOBLASTOMA

INTERVAL: 2 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DYSPHAGIA

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 08, 2025

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: JUNE 10, 2025



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: 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:

8. The record currently shows:	9. The true fact is:
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 2nd parent (if required): 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 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

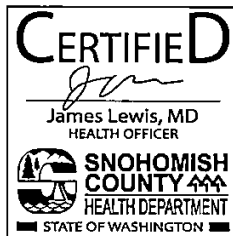
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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