12/06/2019 01:00 PM Pages: 1 of 4 Fees: \$106.50

Skagit County Auditor, WA

After recording, return to: Marianne Galbreath 302 North Alder Street #120 Granite Falls, WA 98252

CHICAGO TITLE U20040795

	4200401°13
Grantor (Name of Decedent): Dale H Calby	eath
Grantee (Heirs): Maylaune Gallveath	
Abbreviated Legal Description: Lot(s): 30, WINDERNESS VILLA	GE
Tax Parcel No.(s): P78213 / 4208-000-030-0006	
INHERITANCE LACK OF PROBATE (To Be Recorded for Excise Tax Affidavit Claiming Ex	
STATE OF WASHINGTON	
COUNTY OF SICHOTT	
The undersigned, Warranne Collineath execute Dale 14 6 cultiveath (herein "Decedent"), who do in the Country of Sichomich, State of Warranne City of Servo Woolley, Country of SKA677	died on $\frac{N}{\alpha}$ $\frac{4}{2007}$, then being a resident of the
(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 sh 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 instrumen	t creating a joint tenancy with a right of
survivorship identified in that certain deed recorded on _	
[mm/dd/yyyy], under Recording No.	
County, Washington.	
□ other (identify:)	
AMP And College of Products	

Affidavit (Lack of Probate) WA0000080.doc / Updated: 11.14.16 Printed: 12.04.19 @ 02:16 PM by TV WA-CT-FNRV-02150.620019-620040795

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

	,
Mai	nes 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: CHOVLES COLBVeath (SOV)
	Name and relationship: Marianne Galbreath, Spouse
	Name and relationship:
	Name and relationship:
Des	scription 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:
	Lot 30, "WILDERNESS VILLAGE, DIVISION 1", as per plat recorded in Volume 10 of Plats at Page s 48, 49 and 50, in the records of Skagit County, State of Washington.
5.	Status of the Will (if any)
	☐ The decedent left a Will that devises real property.
	The decedent left no Will that devises real property.
N١	WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.
	Mariany Jalmento 12-6-19 Signature Date
Prir	nt Name
Sta	te of Washington
	inty of SICHGIT
JUL	
Sig	ned and sworn to (or affirmed) before me on <u>DECEMBER 6, 2019</u> by
	Hornson Carla
	NOTARY PUBLIC Name: Lourea L Carlica
	STATE OF WASHINGTON Notary Public in and for the State of Washington, Residing at:
	Tresiding at: 170 (VICE 60)

LOUREA L. GARKA

License Number 122836

My Commission Expires 10-27-2022

My appointment expires:

6606176101

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Legal Name (too		11 A					2. Death Da				e e
	Da		Hobart		reath	- L A	May 4		C C	44.D-44	
Sex (M/F) Male	4a. Age - Las 68		Under 1 Year ths Days	Hours	ider 1 Day Minutes		cial Security Nur	1Der	6. County Snoho	omish	- 3
Birthdate	€a.	Birthplace (C Hount	ity, Town, or County Vermon	y) Bb. (State o	or Foreign Count	try)	9. Decedent's E 9th-12t	lucation n grade;	no dip	oloma	
). Was Decedent	of Hispanic Origi	n? (Yes or No) If yes, specify.	11.	Decedent's R White	ace(s)	l			12. Was Decedent Armed Forces?	
a. Residence: N	umber and Stree							13b. City Edm e	or Town		
14208 Be	verly Par		Reservation Na	me (if applicable) 13e, State o	or Foreign Co	ountry	13f. Zip Cod		13g. Inside C	ity Limi
Snohomis					WA		•	98026		7€) Yes □	
4 months		M:	arried		Mar	ianne T	Vame (Give name . Fergus	n	_	<u> </u>	
Laundry	ion (Indicate type of Superviso	work done du	ring most of worlding	gilie. (DO NOT UZ	ae netwed). 18.	. Kind of Busi Unive	iness/Industry (D :rsity	not use Compar	y Name)		
. Father's Name	(First, Middle, Last in Edwin C	Suffix)	th		20,	. Mother's Na Tris Wi	me Before First nnona	Marriage (First	fiddle , Last)		
. Informant's Na	me	22	. Relationship to	Decedent 2	23. Mailing Ad	dress: Numbr	v and Street or RFD N	. City or Ton	n State	00036	
Marianne	Galbreat		Wife	ŀ	-		Park Dr Death Occurred Sc				
						Deceden	t's House				
Facility Name (14208 Be	Hnot a facility, give	k Driv	et or location) P			26a. C	ty, Town, or Loc dimonds	ation of Death	26b State	27. Zip Code 98026	
. Method of Disp Crematio			lace of Final Dis			ematory, other	place)	30. Location Rent	-City/Town,	and State	
Name and Con	nniele Address o	Funeral Far	litu						.	of Disposition	
American	Memorial	. FunDi	ring. 312	э сотра	AVE.SU	e.t, Eve	rett, MA	70201	May	8, 2007	
I. Enter the <u>chair</u> intricular fibrillation IMEDIATE CAUS indition resulting	n of events - disc on without showin SE (Final disease in death)	g the etiolog Q. or → <u>5</u> 2.	s or complication y DO NOT ABE Condid Pi	ne - that direct	with (See Instruction of the data additional in Court to (or a Cou	death. DO I	VOT enter termin	al events such	as cardiac a	arrest, respiratory of the control o	rio fil. Inset & C
I. Enter the <u>chair</u> intricular fibrillatic IMEDIATE CAUS indition resulting inquentially list co the cause listed INDERLYING CA	n of events - disc on without showin SE (Final disease in death) anditions, if any, k on line a. Enter USE (disease or	g the etiolog Q.∙ or → <u>D</u> o eading <u>b.</u>	s, or complication y 80 NOT ABE cordin Di	ne - that direct	tly caused the	death. DO I	VOT enter termin	al events such	as cardiac a	a. immediateral of the 1.5 ve	onset & C
i. Enter the <u>chair</u> intricular fibrillatic IMEDIATE CAUS indition resulting equentially list co the cause listed MDERLYING CA at initiated the events.	n of events - disc on without showin SE (Final disease in death) anditions, if any, k on line a. Enter USE (disease or	g the etiolog Q.∙ or → <u>D</u> o eading <u>b.</u>	s, or complication y, go not ABB Cordito Pi Von S	ne - that direct	tly caused the det additional if American Due to for a Due to for a Due to for a	death. DO I	NOT enter termin sary. Jun (J) Nos of:	al events such	as cardiac a	interval between 0	Priset & C
i. Enter the chail intricular fibrillatic MEDIATE CAUS indition resulting requestion resulting requestion resulting the cause issted MERLYING CA at initiated the event) LAST	n of events - disk on without showin SE (Final disease in death) anditions, if any, k on line a. Enter USE (disease or vents resulting in	g the etiolog O. or positions b. the injury d.	Von S	ns - that direct REVIATE. As Innon a 'y Innon a 'y	ty caused the dd additional is A Constant to for a Due to for a Due to for a	death. DO h	NOT enter terminal sary. Constitution of the sary. NOT enter terminal sary. NOT enter termina	-		Interval between C	Onset & C
i. Enter the chail intricular fibrillatic MEDIATE CAUS indition resulting requestion resulting requestion resulting the cause issted MERLYING CA at initiated the event) LAST	n of events - disk on without showin SE (Final disease in death) aditions, if any, k on line a. Enter USE (disease or vents resulting in	or \$20. or \$20. sading b. the injury c.	Von S	ns - that direct REVIATE. As Innon a 'y Innon a 'y	ty caused the dd additional is A Constant to for a Due to for a Due to for a	death. DO h	NOT enter terminal sary. Constitution of the sary. NOT enter terminal sary. NOT enter termina	36. Autopsy?	37. Were complete	Interval between C	Onset & C Onset & C Onset & C Onset & C
I. Enter the chail intricular fibrillatic intricular fibrillatic indicate indicate interest interest in the cause listed who examples in the cause interest intricated the evaluation. As I initiated the evaluation in the chair initiated the evaluation in the chair initiated the evaluation.	n of events - disc on without showin SE (Final disease in death) anditions, if any, k on line a. Enter USE (disease or rents resulting in at conditions cont	or \$20. or \$20. sading b. the injury c.	y, go not abe or did pi Von	ms - that direct specylate. Ac- lymon acy man.	ty caused the dd additional is for a bus to	death. DO hines of necession and appropriate a consequent given above	NOT enter termin Sary. Cun (L) nos of: bee of:	36. Äukopsy? □ Yes 最 No	37. Were complete	Interval between Conterval bet	onset & C Onset & C Onset & C Onset & C
I. Enter the chall nitricular fibrillatic MEDIATE CAUS indition resulting requestion resulting requestions of the cause listed Appendix of the cause listed the evant LAST. Other significant Country E. Mediner of Dea Phatural C.	n of events - disc on without showin SE (Final disease in death) anditions, if any, k on line a. Enter USE (disease or rents resulting in at conditions cont	g the eticlog or becomes adding b. injury d. injuring to de	y, BO NOT ABB BOY OF PO WAR AND THE SELECTION OF THE SEL	Ing - that direct special spec	Due to (or a Due t	death. DO Nones if necessing grant and grant a	NOT enter termin sary. Lun (Li) Top of: Top of: Top of: Top of: Top of:	36. Autopsy? Yes 📆 No	37. Were complete	interval between C	onset & Conset & Cons
I. Enter the chall intricular fibrillatic intricular fibrillatic indicate interest in the cause is ted 40 ERLYING CA at initiated the evalual intricular interest interest interest in the cause is ted 40 ERLYING CA at initiated the evalual intricular interest inter	n of events - discon without showin SE (Final disease in death) Inditions, if any, is on line a. Enter USE (disease or rents resulting in the conditions continued to the	g the etiolog or → \$2a sading b. the the d. d. d. d. Not if let Not Pre	y, BO NOT ABE Condito P Von S What will but not result male pregnent within a gnerif at time of d	ins - that direct special property of the und	Due to (or a Due to (or a)	death. DO hines if necesting in a seconsequent is a consequent in the pragman, but	NOT enter termin sary. Lun (L) top of: top of: ant within 42 days to 1 thin the past year years years	36. Autopsy? ☐ Yes ☑ No s before death	37. Were complete	A. I'M A.	onset & C onset
I. Enter the chair intricular fibrillatic intricular fibrillatic indicate intricular fibrillatic indicate interest indicate interest interest interest interest interest indicate interest indicate interest interest interest indicate indicate interest interest indicate interest indicate interest indicate interest indic	n of events - disc on without showin SE (Final disease in death) anditions, if any, k on fine a. Enter USE (disease or rents resulting in at conditions cont at conditions cont the disease or rents resulting in the disease or rents resulting in the disease or rents resulting in the disease or rents resulting in	g the etiolog or Do sading b. etinjury d. diriputing to de	y, BO NOT ABB BOY OF PO WAR AND THE SELECTION OF THE SEL	ins - that direct special property of the und	Due to (or a Due to (or a)	death. DO hines if necesting in a seconsequent is a consequent in the pragman, but	NOT enter termin sary. Jun (J.) Ju	36. Autopsy? ☐ Yes ☑ No s before death	37. Were complete 40.	Interval between C Interval betw	onset & C
I. Enter the chail intricular fibrillatic intricular fibrillatic indicate the cause listed MDERLYING Autorities and initiated the evaluation of the cause listed MDERLYING CONTROLLING CON	n of events - disc on without showin SE (Final disease in death) anditions, if any, k on fine a. Enter USE (disease or rents resulting in at conditions cont at conditions cont the disease or rents resulting in the disease or rents resulting in the disease or rents resulting in the disease or rents resulting in	g the etiolog or Do sading b. etinjury d. diriputing to de	y, BO NOT ABE Condito P Von S What will but not result male pregnent within a gnerif at time of d	Replace of the understand the unders	Due to (or a Due to (or a)	death. DO hines if necesting in a seconsequent is a consequent in the pragman, but	NOT enter termin sary. Lun (Lin (Lin (Lin (Lin (Lin (Lin (Lin (Li	36. Autopsy? ☐ Yes ☑ No s before death	37. Were complete 40. darea) 44. Api No.	interval between C interval betw	onset & C
I. Enter the chair intricular fibrillatic intricular fibrillatic IMEDIATE CAUS indition resulting squentially list cout the cause listed MDERLYING CA at initiated the evalual initiated the evalual interest in the cause is considered in the evalual interest in the cause is considered. I. Mefiner of Dea Thatural Indicate Inc. In Cause of Injury (in Inc.) I. Location of Injury (in In	n of events - disc on without showin SE (Final disease in death) anditions, if any, is on line a. Enter USE (disease or rents resulting in ht conditions cont the homicide Unidetermined Pending	g the etiolog or Do sading b. etinjury d. diriputing to de	y, BO NOT ABE Condito P Von S What will but not result male pregnent within a gnerif at time of d	ins - that direct special property of the und	Due to (or a Due to (or a)	death. DO hines if necesting in a seconsequent is a consequent in the pragman, but	NOT enter termin sary. Lun (L) top of: top of: ant within 42 days to 1 thin the past year years years	36. Autopsy? Yes 📆 No s before death year before de: estaurant, woode	37. Were complete 40. ath Gran 44. Capt No. Zip Code+ation injury.	interval between C Interv	onset & C
I. Enter the chair intricular fibrillatic intricular fibrillatic IMEDIATE CAUS indition resulting squentially list cout the cause listed MDERLYING CA at initiated the evalual initiated the evalual interest in the cause is considered. I. Other significant in the cause is considered in the evalual interest in the cause is considered in the cause of the cause in the ca	n of events - disc on without showin SE (Final disease in death) anditions, if any, is on line a. Enter USE (disease or rents resulting in ht conditions cont the homicide Unidetermined Pending	g the etiolog or por por d. d. d. ributing to de pre- la2. Hour or	y, BO NOT ABE Condito P Von S What will but not result male pregnent within a gnerif at time of d	Replace of the understand the unders	Due to (or a Due to (or a)	death. DO hines if necesting in a seconsequent is a consequent in the pragman, but	NOT enter termin sary. Lun (Lin (Lin (Lin (Lin (Lin (Lin (Lin (Li	36. Autopsy? Yes 📆 No s before death year before de: estaurant, woode 77. If transports Driver/Oper	37. Were complete 40. ath 41. Api No. 2p Code+ation injury, ratior 1	interval between C interval betw	onset & D onset & D onset & D onset & D onset & C onset & C ontribut bably crown
I. Enter the chair intricular fibrillatic intricular fibrillatic intricular fibrillatic intricular fibrillatic introduced in the cause listed MDERLYING CA at initiated the evalual initiated the evalual interest in the cause is considered. I. Mefiner of Dea Thatural Introduced Intricular Introduced Interest Introduced Introduced Introduced Introduced Introduced Interest Introduced Introduced Introduced Introduced Introduced Interest Introduced Introduced Interest	n of events - disc on without showin SE (Final disease in death) anditions, if any, is on line a. Enter USE (disease or rents resulting in ht conditions cont the disease or rents resulting in the disease or rents rents rents resulting in the disease or rents ren	g the etiolog Q. Or Page 19 Pa	y, BO NOT ABE Condition of the Condition	re - that direct services and the country coun	Due to (or a	death. DO I interest in necessary in a seconsequent as a consequent as a consequent given above as a consequent in the pragman with but pragman with but pragman with but pragman with the pragma	not enter terminally and a construction site. State:	36. Autopsy? Yes No s before death year before de: passurant, woode 17. If transports priver/Oper Passenger If - On the cases	37. Were complete 40. ath	interval between C Interv	America & D Ameri
I. Enter the chail intricular fibrillatic intricular fibrillatic intricular fibrillatic intricular fibrillatic indicate interest in the cause listed into the cause listed the exact initiated in initiated initiated in initiated initiated in initiated initiated in initiated initiated in initiated ini	n of events - disc on without showin SE (Final disease in death) anditions, if any, is on line a. Enter USE (disease or rents resulting in ht conditions cont the disease or rents resulting in the disease or rents rents rents resulting in the disease or rents ren	g the etiolog Q. Or Page 19 Pa	y, BO NOT ABE Condition of the Condition	re - that direct services and the country coun	Due to (or a	death. DO I interest in necessary in a seconsequent as a consequent as a consequent given above as a consequent in the pragman with but pragman with but pragman with but pragman with the pragma	not enter terminally and a construction site. State:	36. Autopsy? Yes No s before death year before de: passurant, woode 17. If transports priver/Oper Passenger If - On the cases	37. Were complete 40. ath	interval between C interval betw	America & D Ameri
I. Enter the chall intricular fibrillatic intricular fibrillatic intricular fibrillatic indicate interest in the cause listed where the cause listed at initiated the evaluable. I. Other significant intricular interest in the cause is interest in the cause is interest. I. Other significant in the cause is interest in the cause	n of events - discon without showing the conditions, if any, is on sine a. Enter LUSE (disease or rents resulting in the conditions continued to the conditions conditions continued to the conditions continued to the conditions	g the etiolog Q. Or P. Da Lading b. Injury G. S. If fer injury G. S. If Not Proj. M. Proj. M. C. Sir Chay Knavis across stated. Physician, N.	y BO NOT ABE Condito P	REPLATE ACTION OF THE PROPERTY	Due to (or a Due t	death. DO h ines if necest LLD G BE & CONSQUENT BE & CONSQU	NOT enter terminally and the same of: ant within 42 days to 1 thin the past, construction site, State:	36. Autopsy? Yes \$\overline{\text{W}}\$ No s before death year before death year before death year before death estaurant, woode 77. If transports Driver/Oper Passenger Passenger Set and sta	37. Were complete 40. 40. Apt No. Zip Code- ation injury, rator	interval between C Interv	Ameria C.
I. Enter the chail intricular fibrillatic intricular fibrillatic intricular fibrillatic indicate interest in the cause listed into the cause listed into the cause listed the example. In the cause listed into example in the cause listed in the cause listed into example. In the cause in the c	n of events - disc on without showin SE (Final disease in death) anditions, if any, k on fine a. Enter USE (disease or rents resulting in ht conditions cont the literature of the literature of the literature literature of the literature literature of the literature injury occurred	g the etiolog Or Do or Do sading b. ributing to de or John Heritage as of the transit o	y BO NOT ABB Condito Pi Non Significant within a series of the pregnent within a gnerif at time of of Injury (24hrs)	Ring in the und Ring in the un	Due to (or a Due t	death. DO h ines if necest LLD G BE & CONSQUENT BE & CONSQU	not enter terminally and a construction site. State:	36. Autopsy? Yes No s before death year before de: passurant, woode 17. If transports priver/Oper Passenger If - On the cases	37. Were complete 40. ath Zip Code+ ation injury. Api No. Gf skaminatur ce, and Jue to	interval between C interv	America & D Ameri
antricular fibrillatic IMEDIATE CAUS IMEDIATE CAUS IMEDIATE CAUS IMEDIATE CAUS IMEDIATE CAUS IMEDIATE INTO CA IMEDIATE INTO CA IMEDIATE I	n of events - disconnections of events on without showing the state of	g the etiolog Q. Or A. O	y, BO NOT ABE Condito P Long State Long	Iting in the und The state of	Due to (or a Due t	death. DO hines if necession in the program as a consequent as a consequent of the program of th	ernt within 42 day and the the construction site. State: Examiner/Coron th occurred at the the cocurred at the c	36. Autopsy? Yes No s before death year before de: priver/Oper Priver/Oper Priver/Oper Priver/Oper Priver/Oper Priver/Oper	37. Were complete 40. 40. Apt No. Zip Code- ation injury, rator	interval between C Interv	Annes & O
4. Enter the chail entricular fibrillatic intricular fibrillatic intricular fibrillatic indicate interest in the cause listed who Entry ING CA at initiated the evalual initiated the evalual initiated the evalual initiated in the control initiated in the chair initiated in the control initiated initiated initiated in the control initiated in the control initiated i	n of events - disconnections of events on without showing the state of	g the etiolog Q. Or A. O	Medical Examiner 2930 Library (24hrs)	Iting in the und The state of	Due to (or a Due t	death. DO hines if necessification in the supposition of the suppositi	NOT enter terminally and the same of: ant within 42 days to 1 thin the past, construction site, State:	36. Autopsy? Yes No s before death year before de: priver/Oper Priver/Oper Priver/Oper Priver/Oper Priver/Oper Priver/Oper	37. Were complete 40. 40. d area) 44. Zip Code+ atton injury, ratior 50. Hour 52. Date 53. Date Was case in	interval between C Interv	Annes & O

DOMONS on Day Specimen

201912060085

Weshington State Department of Health

Affidavit for Correction

12/06/2019 01:00 Politerage Authoristics

This is a legal document. Complete in ink and do not alter.

P.O. Box 47814 Olympia, WA 98504-7814

g.	-> I ICHILIT		-						360-2	236-4300		
Stat	te File Number	Fool	lumber	STATE OFF	ICE USE	Initials		Date	A #Fi	davit Numi	hor	
	to The Hamber	1001				miliais		Date	7,111	34411 140111	uei .	
		Re	quired inform	ation must i	natch cu	rrent info	rm	ation on record				
7	Record Type:	<u> </u>	larriage !		☐ Dissolution (Divorce)							
õ	Name on Record:						2.	Date of Event:		Place of Ev	f Event:	
P	Fed	Africa 10		44				· 教育,4000 自由企业等		foldy et (Jacindy)		
Required	4. Father/Parent Full	5. Mothe	er/Parent Fu	uli Bi	irth Name (Spous	e B for Marr	lage or Dis	· ·				
o	6 Name of Person Re	Plant Marks Leavising Correction: Relationship				Self	П	Guardian	☐ Informa		☐ Hospital	
	O. Hairie of Forson IV.	oquesting contestion	•	Person on R				Funeral Director			<u> Позрна</u>	
7. R	Return Mailing Address:											
P	<mark>10 Burin Sevie K</mark> asik								t.c.			
Tele	phone Number:				Email A	dress:						
()				<u> </u>			· · · · · · · · · · · · · · · · · · ·				
And the second	Use the sect	ion below for requ	uesting any c	hanges on t	e record	d. The rec	no:	i is incorrect o	incomple	te as fol	lows:	
		The record now she	ows:					The true	fact is:			
8.					9.							
10.				· · · · · · · · · · · · · · · · · · ·	11.			,				
12.					13.							
14.					15.							
	l doolore un	der penalty of pe	dung under th	a lawa of the	State e	f Machine	-4	n that the faces	ing in tou			
16a	. Signature:	der penanty or pe	ijury under ti	e laws of the				arent (if required):		and co	irect	
	. o.ga.a.				Tob. Oig							
Prin	ited name:		Da	ite:	Printed	name:				Da	ate:	
			INSTRUCTIO	NS - go to wwy	v.doh.wa.d	ov for more	e inf	ormation				
		Driver's license, So							sed as proc	of		
Red	quired documentary pro											
	Birth/Marriage/Divorce		y record (DD-21		School tra	nscripts		Social Secu				
	Certificate of Naturaliza	ation • Hospi	tal/medical reco	·d •	Passport			 Green/Perπ 	nanent Resid	dent card ((I-551)	
	t h Certificates Only a parent(s), legal :	guardian /if the child	ie under 19) or	the named ind	ividual (if	19 or older)	ma	v change the hirth	cortificate			
	The proof(s) must ma									ust show ti	he name to be	
	Mary Ann Doe		(-)···-·-	,								
	Documentary proof mu	st be five or more ye	ars old or estab	ished within fiv								
<u>Chi</u>	ld under 18	. ()				8 years or			era . ee.			
•	If legal guardian(s), in Up to age one, last na				 Only the adult can change his or her birth certificate If the first or middle name is missing, three pieces of documentary proof are 							
•					required							
•	 certificate (can be any combination of the first, middle or last names)* After age one, a court order is required to change the last name 					 If the first, middle and/or last name is misspelled, or date of birth is incorrect 						
•	No proof is required to change the first or middle name*					two pieces of documentary proof are required						
•	 To correct parent's information, one documentary proof is required. 					orrect parer	nt's l	birth date, place of	birth, or na	me, one de	ocumentary proof	
•	To correct the sex of t	the child, one docume	entary proof fron	n a medical	is re	quired						
	provider is required *To change any part of the certificate with request.	ne name of a child using	this form, signatu	ires from both p	arents liste	d on the cer	rtific	ate are required. If	one parent is	deceased, s	ubmit a death	
		idavit cannot be use	ed to add a fath	er to a birth c	ertificate	(use pater	nitv	acknowledgmen	t form DOH	422-032)		
Dea	ath Certificates											
1.	Only the informant, the	ne funeral director, or	executors/admi	nistrators (if ev	idence co	ofirming suc	ch p	osition is presente	d) may cha	nge the no	n-medical	
	information. Proof is a	required to make cha	member not listed as the informant on the certificate (family members are spouse I). Marital status requires a certified copy of a court order if someone other than the									
	or registered domesti informant is requestir		ming or adult chil	a or stepchila).	wantai st	atus require	35 d	ceruneu copy or a	COURT OF GET	n someon	ie ouiei aigii ale	
2.	The medical informat		may be change	d only by the c	ertifying of	ysician or t	the c	coroner/medical e	kaminer.			
	rrlage/Dissolution (Di		2 : : : : : : : : : : : : : : : : : : :			-						
	Percanal facts (minor s		ama date or als	ce of hirth or n	esidence)	may he cha	ange	d by the nerson w	ith one piec	e of docur	mentary proof	

Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of uccumentary process.

 To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

 DOH 422-034 January 2015







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