



202105120123

05/12/2021 01:12 PM Pages: 1 of 15 Fees: \$117.50
Skagit County Auditor

When recorded return to:

QUIT CLAIM DEED

THE GRANTOR(S) David A. Scott, Rusty Scott, Julie Barnes and Dee Etta Rambow, heirs of the estate of David Scott, deceased and Helena Scott, deceased

for and in consideration of Love and Affection

in hand paid, conveys and quit claims to David A. Scott and Michelle Scott, a married couple

the following described real estate, situated in the County of Skagit, State of Washington

together with all after acquired title of the grantor(s) herein:

Lot 9, Block 6, "PLAN OF AVON", as per plat recorded in Volume 1 of Plats, page 2, records of Skagit County.

Situate in the County of Skagit, State of Washington

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-2116
MAY 12 2021

Amount Paid \$
Skagit Co. Treasurer
By Deputy

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P70440/4044-006-009-0008

Dated: 5-4-2021

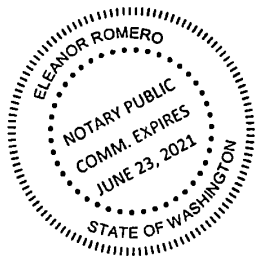
Julie S Barnes _____ X Eleanor Romero
Deetta Rambow _____

STATE OF WA
COUNTY OF Skagit ss.

I certify that I know or have satisfactory evidence that ~~Rusty Scott~~, Julie Barnes and Dee Etta Rambow

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that they signed this instrument, on oath stated that they authorized to execute the instrument and acknowledge it as the Heirs of Estate of David Scott, deceased to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated:



Eleanor Romero
Notary name printed or typed: Eleanor Romero
Notary Public in and for the State of WA
Residing at Skagit County
My appointment expires: 6/23/2021

Dated: 5-4-2021

Julie L Barnes Rusty Scott
Deetta Rambow _____

STATE OF WA
COUNTY OF Skagit

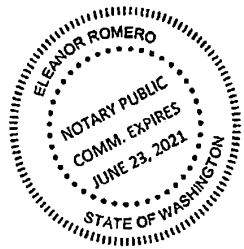
ss.

I certify that I know or have satisfactory evidence that ~~Rusty Scott~~, Julie Barnes and Dee Etta Rambow

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that (they) signed this instrument, on oath stated that they authorized to execute the instrument and acknowledge it as the Heirs of Estate of David Scott, deceased

to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated:



Eleanor Romero
Notary name printed or typed: Eleanor Romero
Notary Public in and for the State of WA
Residing at Skagit County
My appointment expires: 6/23/2021

STATE OF Washington }
County of _____ } SS:

I certify that I know or have satisfactory evidence that _____
signed this instrument, on oath stated that _____
authorized to execute the instrument and acknowledged it as the _____
of _____ to be the free and voluntary act of such
party for the uses and purposes mentioned in this instrument.

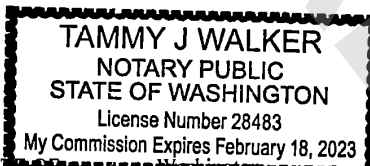
Dated: _____

Printed Name: _____
Notary Public in and for the State of Washington
Residing at _____
My appointment expires: _____

State of Washington }
County of Whatcom } SS:

On this day personally appeared and sworn before me Tammy J. Walker
I certify that I know or have satisfactory evidence that Kissy Scott, the
person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and
acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date: 4/28/2021



Tammy J Walker
Notary Public in and for the State of Washington
Residing at Bellingham
My appointment expires: 2/18/23

STATE OF _____ }
County of: _____ } SS:

I certify that I know or have satisfactory evidence that _____
signed this instrument, on oath stated that _____ is/are authorized to execute the instrument and acknowledged
it as the _____ of _____ to be the free and
voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: _____

Notary Public in and for the State of : Washington
Residing at: _____
My appointment Expires: _____

STATE OF Washington }
County of _____ } SS:

I certify that I know or have satisfactory evidence that _____
signed this instrument, on oath stated that _____
authorized to execute the instrument and acknowledged it as the _____
of _____ to be the free and voluntary act of such
party for the uses and purposes mentioned in this instrument.

Dated: _____

Printed Name: _____
Notary Public in and for the State of Washington
Residing at _____
My appointment expires: _____

State of Washington }
County of Skagit } SS:

On this day personally appeared and sworn before me Katie E. Hickok
I certify that I know or have satisfactory evidence that David Scott, the
person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and
acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date: 5-4-2021

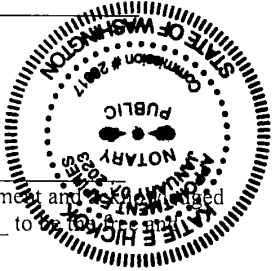
Katie E. Hickok
Notary Public in and for the State of Washington
Residing at Mt Vernon
My appointment expires: 1-7-23

STATE OF: Washington }
County of: _____ } SS:

I certify that I know or have satisfactory evidence that _____
signed this instrument, on oath stated that _____ is/are authorized to execute the instrument and acknowledged
it as the _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: _____

Notary Public in and for the State of : Washington
Residing at: _____
My appointment Expires: _____



UNOFFICIAL COMMENT

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Rusty Scott, Julie Barnes, David A. Scott
Name of Affiant and Bee Etta Rambow, being first duly sworn
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 Children
Relationship to decedent
of David Scott
Decedent/Grantor and Helena Scott, who died on 3-26-17
Date
at mt Vernon Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
Lot 9, Block 6, "PLAN OF AVON"; as per plat recorded
in Volume 1 of Plats, page 2, records of Skagit County,
Situate in the County of Skagit, state of Washington

Assessor's Property Tax Parcel/Account Number: P70440/4044-0020-009-0008
(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)

Julie F Barnes

Full name, age, relationship, address

Julie Barnes, 56, Daughter, 721 Warner St, Sedro Woolley
98284

Full name, age, relationship, address

Dee-Ann Hambow 60, Daughter, 8775 Birch Lane
Sedro Woolley
Wa 98284

Full name, age, relationship, address

David Allen Scott 46 Son 13927 Holly Lane
Mount Vernon
Wa 98073

Full name, age, relationship, address

Rusty E. Scott 54 Son
16529 W Lake Goodwin Rd #36 Stanwood WA
98292

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 4/28/2021

Julie L Barnes, Dee Etta Rambow
Affiant's full name

Telephone number

Street
City State Zip Code

Julie L Barnes Signature Date 4/28/2021
Dee Etta Rambow

[Signature]

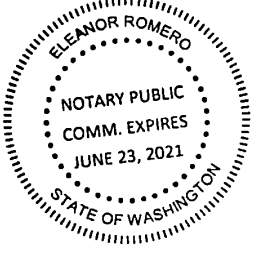
State of WA County of Skagit

I know or have satisfactory evidence that Dee Etta Rambow + Julie L. Barnes
(name of person)
is the persons who appeared before me, and said persons acknowledged that ^{they} ~~(he/she)~~ signed this affidavit and acknowledged it to be ~~(his/her)~~ ^{their} free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 28th Apr / 2021

Eleanor Romero
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 6 / 23 / 2021

Dated : 4/28/2021

Julie L Barnes, Dee Etta Rambow

Affiant's full name

Telephone number

Street

City State Zip Code

Julie L Barnes
Signature

Date 4/28/2021

Dee Etta Rambow

Rusty Scott

State of WA County of Skagit

I know or have satisfactory evidence that Dee Etta Rambow + Julie L. Barnes
(name of person)

is the person^s who appeared before me, and said person^s acknowledged that ^{they} (he/~~she~~) signed this affidavit and acknowledged it to be ^{their} (his/~~her~~) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 28th Apr 12021

Eleanor Romero
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 6 / 23 / 2021



STATE OF Washington }
County of _____ } SS:

I certify that I know or have satisfactory evidence that _____
signed this instrument, on oath stated that _____
authorized to execute the instrument and acknowledged it as the _____
of _____ to be the free and voluntary act of such
party for the uses and purposes mentioned in this instrument.

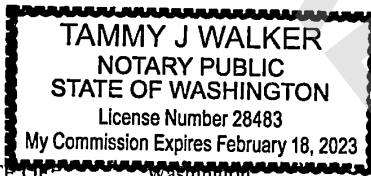
Dated: _____

Printed Name: _____
Notary Public in and for the State of Washington
Residing at _____
My appointment expires: _____

State of Washington }
County of Washington } SS:

On this day personally appeared and sworn before me Tammy J. Walker
I certify that I know or have satisfactory evidence that Rusty Scott, the
person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and
acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date: 4/28/2021



Tammy J Walker
Notary Public in and for the State of Washington
Residing at Bellingham
My appointment expires: 2/18/23

STATE OF: Washington }
County of: _____ } SS:

I certify that I know or have satisfactory evidence that _____
signed this instrument, on oath stated that _____ is/are authorized to execute the instrument and acknowledged
it as the _____ of _____ to be the free and
voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: _____

Notary Public in and for the State of : Washington
Residing at: _____
My appointment Expires: _____

STATE OF Washington }
County of _____ } SS:

I certify that I know or have satisfactory evidence that _____
signed this instrument, on oath stated that _____
authorized to execute the instrument and acknowledged it as the _____
of _____ to be the free and voluntary act of such
party for the uses and purposes mentioned in this instrument.

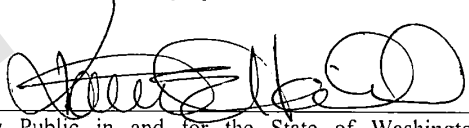
Dated: _____

Printed Name: _____
Notary Public in and for the State of Washington
Residing at _____
My appointment expires: _____

State of Washington }
County of St Kitts } SS:

On this day personally appeared and sworn before me Katie E Hickok
I certify that I know or have satisfactory evidence that David Scott, the
person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and
acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date: 5-4-21

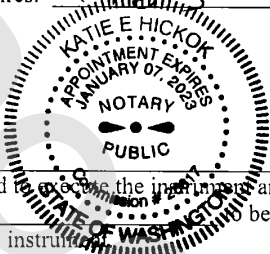

Notary Public in and for the State of Washington
Residing at Mt Vernon
My appointment expires: 1-7-23

STATE OF: Washington }
County of: _____ } SS:

I certify that I know or have satisfactory evidence that _____
signed this instrument, on oath stated that _____ is/are authorized to execute the instrument and acknowledged
it as the _____ of _____ to be the free and
voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: _____

Notary Public in and for the State of : Washington
Residing at: _____
My appointment Expires: _____





STATE OF WASHINGTON DEPARTMENT OF HEALTH


CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-014484

DATE ISSUED: 03/31/2017
FEE NUMBER:FIRST AND MIDDLE NAME(S): DAVID E
LAST NAME(S): SCOTTCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 26, 2017
HOUR OF DEATH: 03:35 PM
SEX: MALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 606 GREEN LEAF #3
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WASHINGTONFATHER/PARENT: MILFORD SCOTT
MOTHER/PARENT: VIRGINIA [REDACTED]MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLEMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYOCCUPATION: OPERATOR
INDUSTRY: ROAD CONSTRUCTION
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NOCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 29, 2017INFORMANT: DEE ETTA RAMBOW
RELATIONSHIP: DAUGHTER
ADDRESS: 8775 BIRCH LANE SEDRO WOOLLEY WA 98284FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: ADAM J. CRENNA

CAUSE OF DEATH:

- A: ACUTE ON CHRONIC RESPIRATORY FAILURE WITH HYPOXIA AND HYPERCARBIA
INTERVAL: 1 DAY
- B: CHRONIC OBSTRUCTIVE LUNG DISEASE
INTERVAL: 10 YEARS
- C: TOBACCO DEPENDENCE DISORDER
INTERVAL: 40 YEARS
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSEDATE OF INJURY:
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
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: MARCH 27, 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: MARCH 28, 2017

Affidavit for Correction

05/12/2021 01:12 PM Page 13 of 15
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

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

7. Return Mailing Address:

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 now shows, 9. The true fact is:
10., 11.
12., 13.
14., 15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature, 16b. Signature of 2nd parent (if required)
Printed name, Date

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Passport, Green/Permanent Resident card (I-551)

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).
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
Up to age one, last name can be changed once to either parents' name on certificate
After age one, 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 documentary proof is required.
To correct the sex of the child, one documentary proof 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 documentary proof are required
If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

MAR 31 2017

Handwritten signature

Skagit County Health Department
Howard Leibrand M.D., Health Officer



0 1 4 3 8 4 1 7

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-005796

LOCAL FILE NUMBER: 243

DATE ISSUED: 03/17/2014

FEE NUMBER: 000000029

GIVEN NAMES: HELENA BELLE
LAST NAME: SCOTT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 13, 2014
HOUR OF DEATH: 05:55 P.M.
SEX: FEMALE
AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: PORTLAND, CUMBERLAND CNTY, MAINE

MARITAL STATUS: MARRIED
SPOUSE: DAVID SCOTT

OCCUPATION: PHARMACY ASSISTANT
INDUSTRY: HEALTH CARE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: DEEETTA RAMBOW
RELATIONSHIP: DAUGHTER
ADDRESS: 8775 BIRCH LANE, SEDRO-WOOLLEY, WASHINGTON 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 284 KLINGER STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 284 KLINGER STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 MONTHS

FATHER: HENRY WILLIS HUNTLEY
MOTHER: AUDREY LORETTA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MARCH 14, 2014

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:

- A. LUNG CANCER
INTERVAL: 1 YEAR
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JONATHAN K. PLOUDRE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 14, 2014

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 178
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: MARCH 14, 2014



Affidavit for Correction 05/12/2021 01:12 PM Page 1 of 15

Washington State Department of 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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution
---	---

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

All vital records are registered as received.

We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- 4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a 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.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

MAR 17 2014

Howard Librand
 Skagit County Health Department
 Howard Librand M.D., Health Officer

YY00214629