

Return Address:

11662 Scott RD  
Bow, WA 98232

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 5209  
JAN 17 2023

Amount Paid \$ 0  
Skagit Co. Treasurer  
By [Signature] Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Eileen Andersen, 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 wife  
*Relationship to decedent*

of Richard Studebaker, who died on Nov. 27, 2022  
*Decedent/Grantor* *Date*

at Bow Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: 0.2800 ac, Freestad's Plat, 1st Div.  
Lot 8, block 6

Assessor's Property Tax Parcel/Account Number: P65499  
(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 \_\_\_\_\_)

Eileen Andersen, wife, age 74 (8/12/1948)

11662 Scott RD Bow, WA 98232

*Full name, age, relationship, address*

Jeffrey Earl Studebaker, son, age 58 (10/29/64)

18114 Moore's Garden Rd, Mt. Vernon, WA 98273

*Full name, age, relationship, address*

Jason Clark Studebaker, son, age 53 (6/30/1969)

8528 18<sup>th</sup> Ave. NW Seattle, WA 98117

*Full name, age, relationship, address*

Sylvia Studebaker, sister, age 78 (3/29/1944)

*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 : \_\_\_\_\_

Eileen Andersen  
Affiant's full name

360-202-5108  
Telephone number

11662 SCOTT RD

Bow WA 98232  
City State Zip Code

Eileen Andersen Jan 17, 2023  
Signature Date

State of WASHINGTON County of SKAGIT

I know or have satisfactory evidence that Eileen Andersen  
(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: 01 / 17 / 2023

[Signature]  
Signature of Notary Public

(SEAL OR  
STAMP)

Residing at: Skagit County

Notary Public in and for the State of Washington

My appointment expires: 03 / 30 / 2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-060932

DATE ISSUED: 12/02/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD EARL  
LAST NAME(S): STUDEBAKER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 27, 2022  
HOUR OF DEATH: 04:45 AM  
SEX: MALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: EILEEN ANDERSEN

OCCUPATION: TEACHER  
INDUSTRY: PUBLIC EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

INFORMANT: EILEEN ANDERSEN  
RELATIONSHIP: WIFE  
ADDRESS: 11662 SCOTT ROAD, BOW, WA 98232

CAUSE OF DEATH:  
A: POST COVID PNEUMONIA WITH SEPSIS  
INTERVAL: 2 WEEKS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PARKINSON'S DISEASE, LEWY  
BODY DEMENTIA

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 11662 SCOTT ROAD  
CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 11662 SCOTT ROAD  
CITY, STATE, ZIP: BOW, WA 98232  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER: KERMIT EARL STUDEBAKER  
MOTHER: ATHA EDITH [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: BOW CEMETERY

CITY, STATE: BOW, WASHINGTON  
DISPOSITION DATE: DECEMBER 06, 2022

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DANIEL G LA PLAUNT

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: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: DECEMBER 01, 2022

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: DECEMBER 01, 2022



# 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
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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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital Person on Record:  Parent(s)  Funeral Director  Other (specify)

7. Return Mailing Address: P.O. 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 foregoing is true and correct.**

14a. Signature: 14b. Signature of 2<sup>nd</sup> parent (if required):

Printed name: Date: 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**

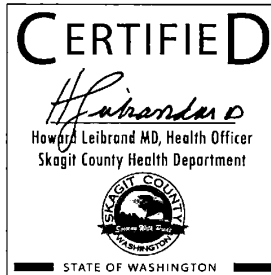
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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