



202303210029

03/21/2023 11:45 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 5880

MAR 21 2023

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Gaylene M. Gobert 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 Louis A. Gobert Sr., who died on 2/17/2023
Decedent/Grantor Date

at ANACORTES Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

N P to ANA THE WLY 75.55 FT OF THE
ELY 377.75 FT BLK 1309 BEING A PTN OF
LTS 13 & 10 ALL OF 11 & 12

Assessor's Property Tax Parcel/Account Number: P58340
(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 _____)

Full name, age, relationship, address

Gaylene Marie Gobert, 63, Spouse
3820 W. 5th St. ANACORTES WA 98021

Full name, age, relationship, address

Full name, age, relationship, address

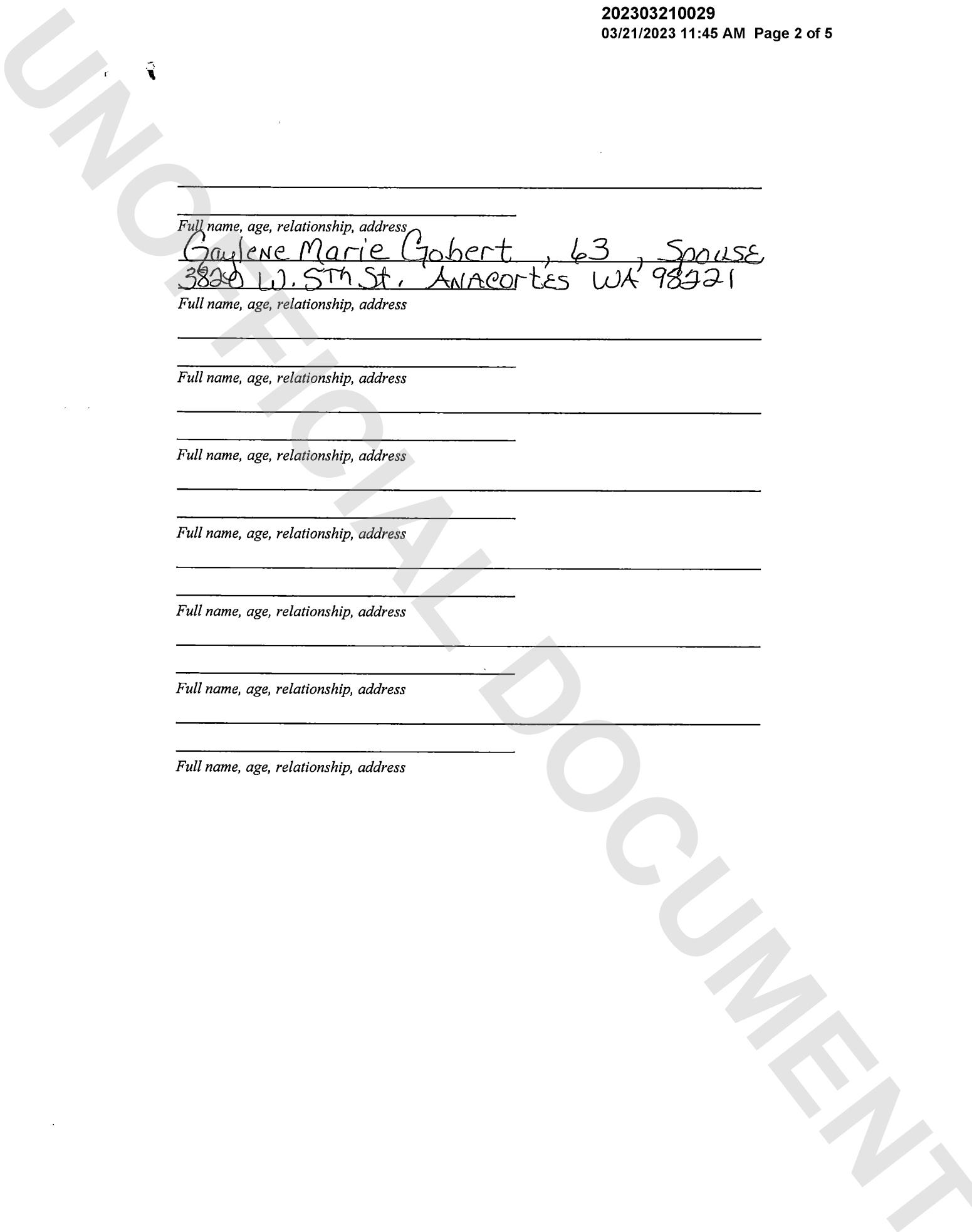
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address



Dated: March 21, 2023

GAYLENE Marie Gobert

Affiant's full name

(360) 399-8094

Telephone number

3820 W. 5th St.

ANACORTES WA 98221
City State Zip Code

Gaylene Marie Gobert 3/21/2023
Signature Date

State of Washington County of S King

I know or have satisfactory evidence that Gaylene M. Gobert
(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: 3/21/23

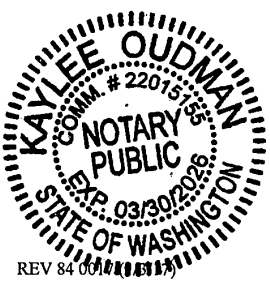
Kaylee Oudman
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of Washington

My appointment expires: 3/30/2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-008947

DATE ISSUED: 02/24/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LOUIS ALAN
LAST NAME(S): GOBERT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 17, 2023 FOUND
HOUR OF DEATH: 11:28 AM FOUND
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 3820 WEST 5TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: NATIVE AMERICAN: BLACKFEET NATION

RESIDENCE STREET: 3820 WEST 5TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BROWNING, MT

FATHER: ROCK BASIL GOBERT SR
MOTHER: MARGIE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: GAYLENE MARIE TROMBLEY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: CARPENTER
INDUSTRY: CONSTRUCTION
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: FEBRUARY 24, 2023

INFORMANT: GAYLENE MARIE GOBERT
RELATIONSHIP: WIFE
ADDRESS: 3820 WEST 5TH STREET, ANACORTES, WA 98221

FUNERAL FACILITY: KERN FUNERAL HOME

CAUSE OF DEATH:
A: PENDING
INTERVAL: PENDING

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

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: PENDING
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES

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

DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

LOCATION OF INJURY:

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 22, 2023

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 230217-658
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: FEBRUARY 23, 2023



Affidavit for Correction

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: 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 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: 14b. Signature of 2nd parent (if required):
Printed name: Date: 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.
*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

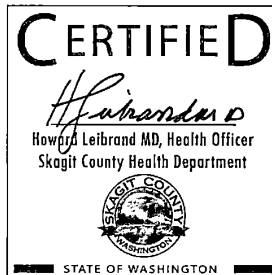
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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



0 6 5 5 3 1 7 2