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04/14/2023 01:13 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 6131

APR 14 2023

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

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee DONNA M CURTIS, 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 RANDALL CURTIS, who died on 12/16/2022  
Decedent/Grantor Date

at BELLEVUE WHATCOM WASHINGTON  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

THE WEST 245 FEET OF THAT PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 12, TOWNSHIP 36 NORTH, RANGE 3 EAST OF W.M., LYING SOUTHERLY OF THE AS BUILT AND EXISTING COUNTY ROAD COMMONLY KNOWN AS BARREL SPRINGS ROAD.

Assessor's Property Tax Parcel/Account Number: 47767  
(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 \_\_\_\_\_)

Donna M. Curtis 61 WIFE

Full name, age, relationship, address

1351 BARRETT SPRINGS RD.

BEAVERHAM, WASHINGTON 98229

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: 04/14/2023

Donna M. Curtis  
Affiant's full name

360-786-3122  
Telephone number

1551 BARCLAY SPRINGS RD.

Bellingham WA 98229  
City State Zip Code

Donna M Curtis 04/14/2023  
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Donna m curtis  
(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: 4, 14, 2023

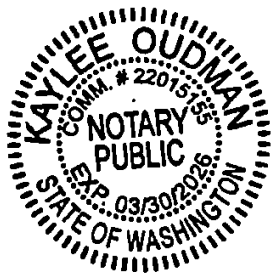
Kaylee Oudman  
Signature of Notary Public

(SEAL OR  
STAMP)

Residing at: Seard 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: 2022-064487

DATE ISSUED: 12/19/2022

FEE NUMBER: 32

FIRST AND MIDDLE NAME(S): RANDALL WINSTON  
LAST NAME(S): CURTIS

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: DECEMBER 16, 2022  
HOUR OF DEATH: 02:29 PM  
SEX: MALE AGE: 66 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ST JOHN, NL CANADA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DONNA SMITH

OCCUPATION: EXECUTIVE OFFICER  
INDUSTRY: CASINO  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: DONNA CURTIS  
RELATIONSHIP: SPOUSE  
ADDRESS: 1551 BARRELL SPRINGS RD, BELLINGHAM, WA 98229

CAUSE OF DEATH:  
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION  
INTERVAL: 10 DAYS  
B: INFLUENZA A  
INTERVAL: 10 DAYS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HIGH GRADE PAPILLARY-  
UROTHELIAL CARCINOMA, PULMONARY HYPERTENSION

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: HOSPITAL EMERGENCY ROOM  
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 1551 BARRELL SPRINGS ROAD  
CITY, STATE, ZIP: BELLINGHAM, WA 98229  
INSIDE CITY LIMITS: NO COUNTY: WHATCOM  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: RALPH CURTIS  
MOTHER: RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: DECEMBER 22, 2022

FUNERAL FACILITY: WHATCOM CREMATION &amp; FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: TIM D. POWELL

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 RESPONSE

CERTIFIER NAME: KACI OSENGA, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2800 & 2806 DOUGLAS  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
DATE SIGNED: DECEMBER 19, 2022

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

LOCAL DEPUTY REGISTRAR: DEBBIE L. HOLDEN  
DATE RECEIVED: DECEMBER 19, 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

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:

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 forgoing 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

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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer.



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



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