



202305110097

05/11/2023 09:40 AM Pages: 1 of 8 Fees: \$210.50
Skagit County Auditor

After recording return to:
Fairhaven Legal Associates
1023 S. 3rd St.
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Johnson
DATE 5.11.23

LACK OF PROBATE AFFIDAVIT

GRANTORS: Joyce Ann Baker, and Dix W. Baker, deceased.

GRANTEE: Keith Maloy

ABBREVIATED LEGAL DESCRIPTION:

POTLATCH BEACH 1/75 INT IN 2ND CL TL ADJ TO 19 TO 56 & LT 36
Situate in the County of Skagit, State of Washington.

[Complete legal description is found on pg. 4 of this document.]

ASSESSOR'S PROPERTY TAX
PARCEL OR ACCOUNT NO.:

3967-000-036-0011
P# 68060

REFERENCE NOS. OF DOCUMENTS
ASSIGNED OR RELEASED:

201904100058

LEGAL DESCRIPTION OF THE PROPERTY**PARCEL A:**

Lot 36, PLAT OF POTLATCH BEACH, according to the plat thereof recorded in Volume 6 of Plats, Page 10, Records of Skagit County, Washington.

PARCEL B:

An undivided 1/75th interest in Lots 19 through 56, inclusive, PLAT OF POTLATCH BEACH, according to the Plat thereof recorded in Volume 6 of Plats, Page 10, records of Skagit County Washington, lying below the line of extreme high tide;

TOGETHER WITH an undivided 1/75th interest in the second class tidelands situated in front of, adjacent to, and abutting upon Lots 19 through 56, Plat of Potlatch Beach, according to the Plat thereof recorded in Volume 6 of Plats, page 10, records of Skagit County Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-010820

DATE ISSUED: 03/23/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOYCE ANN
LAST NAME(S): BAKER

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: MARCH 08, 2020

FACILITY OR ADDRESS: ISLAND HOSPITAL

HOUR OF DEATH: 03:28 PM

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SEX: FEMALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 5276 WEST SHORE ROAD

CITY, STATE, ZIP: ANACORTES, WA 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: [REDACTED]

FATHER: DONALD NANCE

BIRTHPLACE: THREE SISTERS SPRINGS, AR

MOTHER: [REDACTED]

MARITAL STATUS: MARRIED

METHOD OF DISPOSITION: CREMATION

SURVIVING SPOUSE: DIX W BAKER

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: RETAIL BUSINESS MANAGEMENT

INDUSTRY: PAINT AND AUTO BODY

CITY, STATE: SEATTLE, WASHINGTON

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

DISPOSITION DATE: MARCH 11, 2020

US ARMED FORCES: NO

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

INFORMANT: WILLIAM 'KEITH' MALOY

RELATIONSHIP: SON

ADDRESS: 4320 196TH ST SW - STE. C

ADDRESS: 5276 WEST SHORE RD, ANACORTES, WA 98221

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:

A: MYOCARDIAL INFARCTION

INTERVAL: 20 MINUTES

B: ATRIAL FIBRILLATION OFF ANTICOAGULATION

INTERVAL: 3 DAYS

C: ACUTE HEPATITIS

INTERVAL: 3 DAYS

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: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: LINDSAY A. NEWLON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: MARCH 09, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: LINDSAY NEWLON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MARCH 11, 2020



Affidavit for Correction

05/11/2023 09:40 AM Page 1 of 3
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:
First Middle Last MM/DD/YYYY (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)
First Middle Last/Maiden First Middle Last/Maiden

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:

The record now shows:	The true fact is:
8.	9.
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: 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). 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. 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 (can be any combination of the first, middle or last names)*
 - 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 using this form, 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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 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 January 2015



CERTIFIED

MAR 23 2020

Howard Leibrand

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



0 3 8 0 3 0 1 0

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: 2023-021227

DATE ISSUED: 05/02/2023
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): DIX W.
LAST NAME(S): BAKER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 28, 2023
HOUR OF DEATH: 06:05 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: WHERE THE HEART IS
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 410 S NORRIS ST
CITY, STATE, ZIP: BURLINGTON, WA 98233-4104
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: OLYMPIA, WA

FATHER: UNKNOWN
MOTHER: UNKNOWN

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: POLICE OFFICER
INDUSTRY: LAW ENFORCEMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: MAY 02, 2023

INFORMANT: WILLIAM KEITH MALOY
RELATIONSHIP: SON
ADDRESS: 5276 W SHORE RD ANACORTES, WA 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRAD LASHAM

CAUSE OF DEATH:
A: PRESUMED LUNG CANCER
INTERVAL: 6 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COVID INFECTIONS TWO MONTHS AGO, RIGHT SIDED HEART FAILURE, CORONARY ARTERY DISEASE

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

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MAY 01, 2023

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: ISABEL M. CARBAJAL
DATE RECEIVED: MAY 01, 2023



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
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record:		2. Date of Event:		3. Place of Event:
	First	Middle	Last	MM/DD/YYYY	(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)	
	First	Middle	Last/Maiden	First	Middle
6. Name of Person Requesting Correction:					Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s)
					<input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 nd 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

- 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

Adult (18 years or older)

- 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.
- 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

- 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.

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 70.58A RCW



CERTIFIED



Anthony L. Chen
Anthony L-Chen, MD, MPH
DIRECTOR

DO NOT DESTROY

2700651



0 6 3 8 4 0 2 1

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