



202311080101

11/08/2023 11:09 AM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

Return Address:
17963 Wood Rd.
Bow, WA. 98232

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 8698

NOV 08 2023

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Stuart B. VanBuren Jr., 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 husband

Relationship to decedent

of Colleen K. VanBuren, who died on Aug. 1, 2023

Decedent/Grantor

Date

at Bow

Skagit

WA

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 1, 2, 3, and 4 of Skagit County Short Plat #95-035, in NE1/4 and SE1/4
Sec.24, Twn.36N,Rng. 3,EWM

Assessor's Property Tax Parcel/Account Number: P48170,P48171,P131235,P131236
(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 _____)

Stuart B. VanBuren Jr., age 72, husband,

17963 Wood Rd., Bow, WA 98232

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

Full name, age, relationship, address

FULL LEGAL DESCRIPTION:

Lot 1, 2, 3, and 4, SKAGIT COUNTY SHORT PLAT #95-035, APPROVED ON OCTOBER 26, 2012, AND RECORDED ON OCTOBER 29, 2012 UNDER A.F.#201210290236, RECORDS OF SKAGIT COUNTY WASHINGTON, IN THE NE 1/4 AND SE1/4 SEC.24, TWN 36N., RNG.3 E. WM.,

AND TOGETHER WITH AND SUBJECT TO EASEMENT AND WELL MAINTENANCE AGREEMENT RECORDED UNDER A.F.# 202107230105, RECORDS OF SKAGIT COUNTY WASHINGTON,

AND ALSO TOGETHER WITH AND SUBJECT TO NON-EXCLUSIVE EASEMENT AND MAINTENANCE DECLARATION RECORDED UNDER A. F. NUMBER 201210290239, RECORDS OF SKAGIT COUNTY WASHINGTON,

AND ALSO TOGETHER WITH AND SUBJECT TO PROTECTED CRITICAL AREA EASEMENT RECORDED UNDER A.F. NUMBER 201210290238, RECORDS OF SKAGIT COUNTY, WASHINGTON,

AND ALSO TOGETHER WITH AND SUBJECT TO EASEMENT TO PUGET SOUND ENERGY RECORDED UNDER A.F. NUMBER 201808300055, RECORDS OF SKAGIT COUNTY, WASHINGTON

Dated: 11/7/23

STUART B. VANBUREN
Affiant's full name

360-708-1187
Telephone number

17963 Wood RD

Bow WA 98232
City State Zip Code

[Signature] 11/7/23
Signature Date

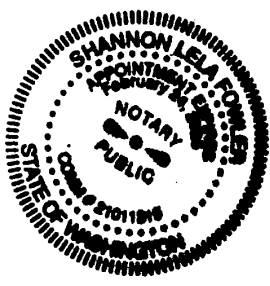
State of Washington County of Skagit

I know or have satisfactory evidence that STUART B VANBUREN
(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: 11/7/2023 [Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Burrington

Notary Public in and for the State of WA

My appointment expires: 02-24-2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-038192

DATE ISSUED: 08/10/2023
FEE NUMBER:FIRST AND MIDDLE NAME(S): COLLEEN KAY
LAST NAME(S): VAN BUREN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 01, 2023

HOUR OF DEATH: 03:50 AM

SEX: FEMALE AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: STUART B VAN BUREN

OCCUPATION: OFFICE MANAGER

INDUSTRY: PART OWNER LAND SURVEYOR

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: STUART B VAN BUREN

RELATIONSHIP: HUSBAND

ADDRESS: 17963 WOOD ROAD, BOW, WASHINGTON 98232

CAUSE OF DEATH:

A: HYPOXIC RESPIRATORY FAILURE

INTERVAL: 3 WEEKS

B: ASPIRATION PNEUMONIA

INTERVAL: 3 WEEKS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROBABLE METASTATIC
OVARIAN CANCER WITH OMENTAL METASTASIS AND PLEURAL EFFUSIONS

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: 17963 WOOD ROAD

CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 17963 WOOD 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: KENNETH BELL

MOTHER: EDYTHE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 10, 2023

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 03, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: AUGUST 08, 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
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Required Information must match current information on record

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	MMDD-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 <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 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

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)

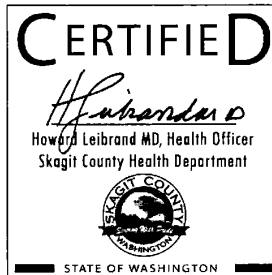
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

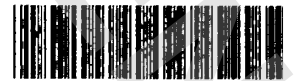
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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