

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
213411-1.T

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 10/11/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Charles A. Goad, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of Rebecca Louise Goad
Relationship to decedent *Decedent/Grantor Name*

who died on December 16, 2022 at
Date

Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Ptn NW ¼ - NW ¼, Sec 16-34N-R4 EWM

Assessor's Property Tax Parcel/Account Number: 340416-2-027-0102/P25033
(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)

Charles A. Goad, Surviving Spouse, 2210 Austin Lane, Mt Vernon, WA 98273 Age 80

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

Dated: October 9, 2024

Charles A. Goad

Affiant's full name

360-770-6602

Telephone number

2210 Austin Lane

Street

Mount Vernon WA 98273

City

State

Zip Code

Zip Code

Charles A. Goad

Signature

Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 10th day of October, 2024 by

Charles A. Goad

^{NRS} Naomi R. Stanfill

Signature

Notary

Title

My appointment expires: March 17, 2026

NAOMI R STANFILL
Notary Public
State of Washington
License Number 201173
My Commission Expires
March 17, 2026

Legal Description

Lot 2, City of Mount Vernon Short Plat No. MV-1-82, approved April 1, 1982, recorded April 6, 1982 in Volume 5 of Short Plats, page 178, under Auditor's File No. 8204060016 and being a portion of the Northwest 1/4 of the Northwest 1/4 of Section 16, Township 34 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-065694

DATE ISSUED: 01/05/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): REBECCA LOUISE

LAST NAME(S): GOAD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 16, 2022

HOUR OF DEATH: 12:00 PM

SEX: FEMALE

AGE: 71 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CHARLES A GOAD

OCCUPATION: SPEECH LANGUAGE PATHOLOGY AIDE

INDUSTRY: EDUCATION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: CHARLES A GOAD

RELATIONSHIP: HUSBAND

ADDRESS: 2210 AUSTIN LANE, MT. VERNON, WA, 98273

CAUSE OF DEATH:

A: CIRRHOSIS OF THE LIVER

INTERVAL: YEARS

B: CHRONIC ALCOHOLISM

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEPATIC ENCEPHALOPATHY,
ASCITES

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: 2210 AUSTIN LANE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2210 AUSTIN LANE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: HOWARD LOUIS JONES

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: DECEMBER 26, 2022

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

ADDRESS: PO BOX 433

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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 19, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: DECEMBER 23, 2022



Affidavit for Correction

Mail to: 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:
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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:	
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:	<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____	

7. Return Mailing Address:

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: _____ Date: _____

14b. Signature of 2nd parent (if required): _____ 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

- 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 parent's 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 step child. 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 (name or 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 is valid unless rescinded by the State of Washington. Issued pursuant to Health Code



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