UNOFFICIAL DOCUMENT

202603190049
03/19/2026 10:37 AM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor

Return Address:
DAVID F. CARTWRIGHT
531 WARNER ST
SEDRO WOOLLEY, WA
98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2026.0771
MAR 19 2026
Amount Paid $ -0-
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee DAVID F. CARTWRIGHT (*Name of Affiant*), being first duly sworn 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 / WIDOWER (*Relationship to decedent*) of CORINNE A. CARTWRIGHT (*Decedent/Grantor*), who died on 11/04/23 (*Date*) at SEDRO WOOLLEY (*City*) SKAGIT (*County*) WA (*State*).

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
THE EAST 15 FEET OF LOT 6, ALL OF LOT 7, AND THE WEST 1/2 OF LOT 8, BLOCK 45, FIRST ADDITION TO THE TOWN OF SEDRO COUNTY, WASHINGTON, AS PER PLAT RECORD IN VOLUME 3 OF PLATS, PAGE 29, RECORDS OF SKAGIT COUNTY, WASHINGTON

Assessor's Property Tax Parcel/Account Number: P75846
(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)

REV 84 0017 (1/3/17)

DAVID FLOYD CARTWRIGHT, 62, SPOUSE
531 WARNER ST., SEDRO-WOOLLEY, WA. 98284
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

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Full name, age, relationship, address

Full name, age, relationship, address

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Dated: 3-19-2026

DAVID FLOYD CARTWRIGHT
Affiant's full name

360-202-5852
Telephone number

531 WARNER STREET
Street

SEDRO-WOOLLEY | WA | 98284
City | *State* | *Zip Code*

Signature | 3-19-2026 *Date*

State of WASHINGTON County of SKAGIT

I know or have satisfactory evidence that DAVID FLOYD CARTWRIGHT
(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: 3/19/2026

Wilma Louia
Signature of Notary Public

(SEAL OR STAMP)
Notary Public
State of Washington
WILMA LOUIA
COMM. # 48560
MY COMM. EXP. 11-12-2027

Residing at: BURLINGTON

Notary Public in and for the State of WASHINGTON

My appointment expires: 11/12/2027

REV 84 0017 (1/3/17)

202603190049

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-054445
DATE ISSUED: 11/08/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CORINNE ANN
LAST NAME(S): CARTWRIGHT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 04, 2023
HOUR OF DEATH: 05:00 PM
SEX: FEMALE AGE: 60 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID FLOYD CARTWRIGHT

OCCUPATION: BROKER
INDUSTRY: REAL ESTATE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DAVID FLOYD CARTWRIGHT
RELATIONSHIP: HUSBAND
ADDRESS: 531 WARNER STREET, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: SUDDEN CARDIAC DEATH
INTERVAL: IMMEDIATE
B: DUE TO PRESUMED CARDIAC ATHEROSCLEROTIC DISEASE
INTERVAL: YEARS
C: HYPERTENSION
INTERVAL: YEARS
D: CLASS 3 OBESITY
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 531 WARNER STREET
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 531 WARNER STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: EUGENE RICHARD TABOR
MOTHER: MAUREEN [redacted]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY

CITY, STATE: SEDRO WOOLLEY, WASHINGTON
DISPOSITION DATE: NOVEMBER 13, 2023

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: KIMM I. LAYLAND, PAC
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
DATE SIGNED: NOVEMBER 08, 2023

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 231105-7
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER
DATE RECEIVED: NOVEMBER 08, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

UNOFFICIAL DOCUMENT

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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)

Required			
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 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 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 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 Acknowledgement 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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

RECEIVED
DEC 15 2023
LifeMap

CERTIFIED
Howard Leibrand MD, Health Officer
Skagit County Health Department
SKAGIT COUNTY WASHINGTON
STATE OF WASHINGTON

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