

202607170081

07/17/2026 02:28 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

REVIEWED BY
SKAGIT COUNTY TREASURER

DEPUTY [Signature]

DATE 7/17/2026

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sandrae Lee Jewel Johnston, 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 William Bruce Johnston, who died on 6/26/26
Decedent/Grantor *Date*

at Everett Snohomish WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

~~See Exhibit A~~

Lot 55, Cedar Grove on the Skagit.

Assessor's Property Tax Parcel/Account Number: P64115
P64297
(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)

Sandrae Lee Jewel Johnston
82 Spouse 15428 E Nelson Rd Elk, wa 99009
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 : 7/17/26Sandrae Lee Jewel Johnston
Affiant's full name360-708-9048
Telephone number15428 E Nelson Rd E1K WA 99009
Street

<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Sandrae Lee Johnston</u>		<u>7/17/2026</u>
Signature		Date

State of Washington County of SkagitI know or have satisfactory evidence that Sandrae Lee Jewel Johnston
(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.

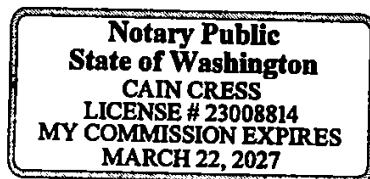
Dated: 7/17/26[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mount VernonNotary Public in and for the State of WAMy appointment expires: 3 / 27

EXHIBIT "A"

LEGAL DESCRIPTION

P64115: (0.4500 ac) INCLUDING 1977 BENDIX/CENTENIAL 65X14 VIN# NA0056A; LOT 55, CEDARGROVE ON THE SKAGIT, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 9 OF PLATS, PAGES 48 TO 51, RECORDS OF SKAGIT COUNTY, WASHINGTON.

P64297: (.55 AC) (TITLE ELIMINATION AF#9404180128 FOR MANUFACTURED HOME 1991 FLEETWOOD/GREENHILL 66X28 VNI#ORFLM48A12776GH) LOT 215, CEDARGROVE ON THE SKAGIT, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 9 OF PLATS, PAGES 48 TO 51, RECORDS OF SKAGIT COUNTY, WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-031599

LOCAL FILE NUMBER: 3032

DATE ISSUED: 07/01/2026

FEE NUMBER: 310726

FIRST AND MIDDLE NAME(S): WILLIAM BRUCE
LAST NAME(S): JOHNSTON

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JUNE 26, 2026

HOUR OF DEATH: 11:55 AM

SEX: MALE AGE: 83 YEARS

SOCIAL SECURITY NUMBER: 515-44-8433

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: VANCOUVER, WASHINGTON

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SANDRAE LEE JEWEL JACKSON

OCCUPATION: SAW FILER

INDUSTRY: SAW MILL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: SANDRAE LEE JEWEL JOHNSTON

RELATIONSHIP: SPOUSE

ADDRESS: 8266 CEDAR GROVE AVE, CONCRETE, WA 98237

CAUSE OF DEATH:

A: CIRCULATORY SHOCK

INTERVAL: 2 DAYS

B: ACUTE BLOOD LOSS ANEMIA

INTERVAL: 4 DAYS

C: FOOT GANGRENE

INTERVAL: 1 WEEKS

D: PERIPHERAL VASCULAR DISEASE

INTERVAL: 5 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: END STAGE RENAL DISEASE
ON DIALYSIS

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

FACILITY OR ADDRESS: PROVIDENCE REGIONAL MED CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201-4147

RESIDENCE STREET: 8266 CEDAR GROVE AVE

CITY, STATE, ZIP: CONCRETE, WA 98237-9596

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: WILLIAM CAROLL JOHNSTON

MOTHER: PATRICIA JUNE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: JULY 01, 2026

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: C M. SIMMONS

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: NOT APPLICABLE

CERTIFIER NAME: PAUL A. ADAMS, DO

TITLE: DO

CERTIFIER ADDRESS: 1700 13TH ST.

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

DATE SIGNED: JUNE 26, 2026

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JESSICA BRUNE

DATE RECEIVED: JUNE 30, 2026



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

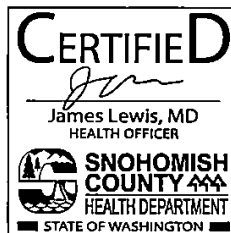
STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	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 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 foregoing 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 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.				
- 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				
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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