

Return Address:

TGP Law Group, PLLC
2168 Riverstone Loop
Ferndale, WA 98248

State of Washington)
)
County of Skagit)

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/03/2026

Land Title and Escrow Order #60035776-356

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared **Hannah C. F. Herrera** and **Calli J. Flournoy**, Affiants herein, being by me first duly sworn upon each of their oaths, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is Mitzi Jo McMinn Flournoy (the "Decedent").
3. The Decedent died on March 10, 2026, Anacortes, Skagit County, Washington.
4. We are the adult daughters of the Decedent.
5. To the best of our knowledge, we are the rightful heirs to the property described herein.
6. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal: Lots 6, 7 & 8, Blk 13, Queen Anne Add to Anacortes, except ptn
AF# 201404240097

Tax ID Number: 3812-013-008-0007/P58750

7. Decedent left a Will that is not being probated, a true and correct copy of which is attached hereto as Exhibit B. Decedent's Will expressly disinherited Morgan Ashley Flournoy Whitten, aka Morgan Ashley Galan, and Lynsey Nicole Flournoy Ray.
8. Each Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.

9. The Decedent is survived by the following heirs:

<u>Hannah C. F. Herrera</u> Full Name	<u>25</u> Age	<u>Daughter</u> Relationship
<u>Calli J. Flournoy</u> Full Name	<u>21</u> Age	<u>Daughter</u> Relationship
<u>Wacie A. Flournoy</u> Full Name	<u>14</u> Age	<u>Daughter</u> Relationship
<u>Connor W. Flournoy</u> Full Name	<u>12</u> Age	<u>Son</u> Relationship
<u>Cooper S. Flournoy</u> Full Name	<u>9</u> Age	<u>Son</u> Relationship
<u>Lynsey Ray</u> Full Name	<u>33</u> Age	<u>Daughter</u> Relationship
<u>Morgan A. Galan</u> Full Name	<u>34</u> Age	<u>Daughter</u> Relationship

Calli J. Flournoy
Calli J. Flournoy (Jun 22, 2026 17:06:42 PDT)

Affiant's Signature

Calli J. Flournoy

Printed Name of Affiant

116 Heritage Place, Apt 203

Address 1

Burlington, WA 98233

Address 2

Hannah F. Herrera Hannah F. Herrera
Hannah F. Herrera (Jun 23, 2026 17:02:47 PDT)

Affiant's Signature

Hannah F. Herrera

Printed Name of Affiant

2405 Washington Ct

Address 1

Anacortes, WA 98221

Address 2

STATE OF TEXAS

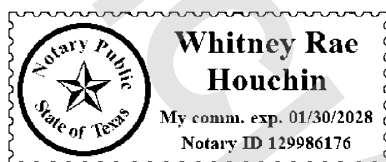
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COUNTY OF LAMB

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, on this the 23rd day of June 2026 by **Hannah C. F. Herrera**, personally known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that she executed the same for the purposes and consideration therein expressed. The acknowledging person personally appeared by an interactive two-way audio and video communication that meets the requirements for online notarization under Texas Government Code chapter 406, subchapter C.

In witness whereof, I hereunto set my hand and official seal.

[Notary Seal]



Whitney Houchin
[Signature of Notary Public]

Whitney R. Houchin

[Printed Name of Notary Public]
Notary Public 01/30/2028
My Commission Expires: _____

STATE OF TEXAS

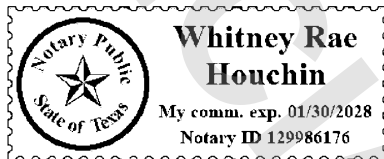
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§
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COUNTY OF LAMB

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, on this the 22nd day of June 2026 by **Calli J. Flournoy**, personally known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that she executed the same for the purposes and consideration therein expressed. The acknowledging person personally appeared by an interactive two-way audio and video communication that meets the requirements for online notarization under Texas Government Code chapter 406, subchapter C.

In witness whereof, I hereunto set my hand and official seal.

[Notary Seal]

*Whitney Houchin*

[Signature of Notary Public]

Whitney R. Houchin

[Printed Name of Notary Public]

Notary Public 01/30/2028

My Commission Expires: _____

Exhibit "A"
Property Description

The Land referred to herein below is situated in the County of Skagit, State of Washington, and is described as follows:

Lots 6 to 8, inclusive, Block 13, "QUEEN ANNE ADDITION TO THE CITY OF ANACORTES", as per plat recorded in Volume 2 of Plats, page 39, records of Skagit County, Washington.

Less a triangular parcel as shown on Auditor's File No. 201404240097 and described as follows:

Beginning at the Northeast corner of said Lot 8;
thence South $01^{\circ}56'25''$ West, along the East lot line of said Lot 8, 24.42 feet to a board fence and the true point of beginning;
thence West 0.91 feet, along said board fence;
thence South $00^{\circ}06'23''$ East, 29.82 feet along said board fence to the intersection of the East lot line of said Lot 8;
thence North $01^{\circ}56'25''$ East, 29.85 feet along the East line of said Lot 8 to the true point of beginning and the end of this triangular parcel.

Situate in County of Skagit, State of Washington

EXHIBIT B**LAST WILL AND TESTAMENT****OF****MITZI JO MCMINN FLOURNOY**

I, Mitzi Jo McMinn Flournoy, of the County of Lubbock and the State of Texas, being in good health, of sound and disposing mind and memory, do make and declare this instrument to be my Last Will and Testament, hereby expressly revoking all former Wills and Codicils made by me at any time heretofore, and intending hereby to dispose of all the property of whatever kind and wherever situated which I own, or in which I have any kind of interest at the time of my death.

I.**IDENTITY OF THE FAMILY**

My husband's name is Jimmy Bruce Flournoy. All references in this Will to my "spouse" or to my "husband" are to him. At the time of the execution of this Will, I have four children, namely: Morgan Ashley Flournoy Whitten, Lynsey Nicole Flournoy Ray, Hannah Catherine Flournoy, and Calli Jo Flournoy.

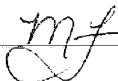
II.**PAYMENT OF EXPENSES**

I direct that all the expenses of my last illness, my funeral expenses, and my just personal debts, including any inheritance taxes, transfer taxes, and estate taxes which may be levied by the United States Government or by any state by reason of my death, shall be paid by my Independent Executor out of the residue of my estate as soon as conveniently may be done; provided that my Independent Executor, in such Executor's sole discretion, may distribute from time to time any real or personal property in my estate which at my death is subject to a lien securing an indebtedness upon it without discharging said indebtedness, if in my Independent Executor's judgment, the condition of my estate so requires. The distributee shall then be considered as having received my estate's equity in the property.

III.**DISPOSITION OF ESTATE**

A. I expressly disinherit my daughters Morgan Ashley Flournoy Whitten and Lynsey Nicole Flournoy Ray. In no event shall either Morgan Ashley Flournoy Whitten and Lynsey Nicole Flournoy Ray be entitled to receive any of my estate and they shall be treated, for all purposes, as having predeceased me.

B. If my husband, Jimmy Bruce Flournoy, survives me, I give, devise and bequeath all of my estate of whatsoever kind and wheresoever situated to my husband, Jimmy Bruce Flournoy. If my husband, Jimmy Bruce Flournoy, does not survive me, I give, devise and bequeath all of my estate to my children, Hannah Catherine Flournoy and Calli Jo Flournoy, in equal shares; provided, however, that if a child of mine shall not then survive me, but should leave issue then



surviving me, such then surviving issue shall take, per stirpes, the share that such deceased child would have taken by surviving me, or if none is then living, then said share shall be distributed, in equal shares, to my then living children or their issue per stirpes, or if none of my descendants is then living, then said share shall be distributed as provided in the paragraph below.

C. Any other property of mine that has not been disposed of under any other provision of this Will shall go and be distributed to my heirs-at-law, except that Morgan Ashley Flournoy Whitten and Lynsey Nicole Flournoy Ray shall not receive any portion of my estate. Their identity and respective shares shall be determined in all respects as if my death had occurred immediately following the happening of the event requiring such distribution, and according to the laws of Texas then in force governing the distribution of the estate of an intestate.

IV.

DEFINITION OF SURVIVAL

Any legatee, devisee, donee, person or beneficiary with respect to all or any part of my estate who shall not survive until ninety (90) days after the date of my death, or until this Will is probated, whichever occurs earlier, shall be deemed to have predeceased me, and shall be treated for all purposes herein as though such person had predeceased me. Any person who is prohibited by law from inheriting property from my estate shall be treated as having failed to survive me.

V.

CONTINGENT TRUST

In the event that Calli Jo Flournoy has not reached the age of twenty-five (25) years, then in such event I give, devise and bequeath the share of Calli Jo Flournoy to my Trustee, IN TRUST NEVERTHELESS, for the uses and purposes hereinafter set forth.

A. My Trustee, in such Trustee's discretion, shall distribute to or for the benefit of Calli Jo Flournoy, as much of the income, and in addition, so much of the corpus of the trust created for Calli Jo Flournoy as my Trustee shall consider necessary or advisable for her health, support, education, and maintenance.

B. Any income or corpus not so distributed or used shall be turned over to Calli Jo Flournoy when she reaches the age of twenty-five (25) years, at which time my Trustee shall transfer, convey, deliver and pay over to Calli Jo Flournoy, FREE FROM TRUST, all of the property then constituting her share of the trust estate.

C. Any share or portion of a share of any trust created hereunder or any other property of mine that has not been disposed of under any other provision of this Will shall go and be distributed to my heirs-at-law. Their identity and respective shares shall be determined in all respects as if my death had occurred immediately following the happening of the event requiring such distribution, and according to the laws of the State of Texas then in force governing the distribution of the estate of an intestate.



VI.
APPOINTMENT OF TRUSTEE

I nominate, constitute and appoint Hannah Catherine Flournoy, to act as Trustee of the trust created in Article V herein. If Hannah Catherine Flournoy is unable or unwilling to serve as Trustee, I appoint Susan McMinn Seefeldt to serve as the substitute Trustee.

VII.
TRUSTEE POWERS

The trusts created or arising by virtue of this, my Last Will and Testament, shall be governed by and administered in accordance with the following provisions:

A. The Trustee during the continuation of each trust shall have the sole and complete right to possess, control, manage, and dispose of each trust estate and the said Trustee shall have the powers, rights, responsibilities and duties given to or imposed upon trustees by the Texas Trust Code as such Code now exists.

B. The Trustee shall at all times keep proper records and books of accounts which shall be open to the inspection of the beneficiaries at all reasonable times.

C. The Trustee shall act without bond of any kind, and shall be liable only for gross negligence, fraud or defalcation.

D. The Trustee shall have full power, in the Trustee's discretion, to litigate, compromise, adjust and settle all claims arising out of or in connection with the trust and property of the trust, and the Trustee may employ counsel and other agents in the discharge of duties and determine and pay them a reasonable compensation.

E. The Trustee shall be entitled to pay out of the trust estate or to be reimbursed for any and all legitimate expenses incurred in the management of the trust estate.

F. The Trustee shall have the sole discretion to determine what is income or corpus of each respective trust, and shall apportion and allocate all receipts, credits, disbursements, expenses, and charges to income or corpus as the Trustee shall deem proper.

G. The Trustee may resign by sending an acknowledged written notice to the trust beneficiaries thirty (30) days prior to resignation.

H. As compensation for her services hereunder, my Trustee or her successor shall be entitled to charge the same fees customarily charged for similar services in other trusts at the time the services are rendered.



VIII.
APPOINTMENT OF EXECUTOR

A. I hereby nominate, constitute and appoint Hannah Catherine Flournoy, as Independent Executor of my estate. If Hannah Catherine Flournoy is unable or unwilling to serve as Executor, I appoint Susan McMinn Seefeldt to serve as the substitute Executor.

B. If any individual Independent Executor becomes unable to discharge his or her duties under this Will because of accident, physical or mental illness or deterioration, or other cause and does not resign, then upon certification in a form sufficient for the recording of a deed in the State of Texas by two medical doctors (neither of whom is a beneficiary under this Will) affirming that each has examined the Independent Executor and that each has concluded, based on such examination, that the Independent Executor is unable to discharge his duties under this Will, the Independent Executor shall cease to serve, as if he had resigned, effective the date of the certification.

C. It is my will and desire and I hereby direct that in the administration of my estate, my Independent Executor or any successor shall not be required to furnish any bond of any kind and that no action shall be had in any court in the administration of my estate other than the probating of this, my Last Will and Testament, and the filing of any required Inventory, Appraisement and List of Claims of my estate that may be required.

IX.
POWERS OF EXECUTOR

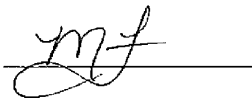
The estate created or arising by virtue of my death and this instrument, my Last Will and Testament, shall be governed by and administered in accordance with the following provisions:

A. I hereby grant unto my Independent Executor or any successor named above, full power and authority over any and all of my estate and they are hereby authorized to sell, manage, and dispose of the same or any part thereof, and in connection with any such sale or transaction, make, execute and deliver proper deeds, assignments and other written instruments and to do any and all things proper or necessary in the orderly handling and management of my estate.

B. My Independent Executor or any successor named above, shall have full power and authority to compromise, settle and adjust any and all debts, claims and taxes which may be due from or owing by my estate.

C. My Independent Executor or any successor named above, shall have full power and authority to deal with any person, firm, or corporation including any trusts or trust estates created by this, my Last Will and Testament.

D. My Independent Executor or any successor named above, shall have full power to borrow money at any time and in any amount from time to time for the benefit of my estate, from any person, firm, or corporation or from any bank or trust company and to secure the loan or loans by pledge, deed of trust, mortgage or other encumbrances on the assets of the estate and from time



to time to renew such loans and give additional security.

E. As compensation for her services hereunder, my Independent Executor or any successor named above shall be entitled to charge the same fees customarily charged for similar services in other estates at the time the services are rendered.

X.

SPENDTHRIFT PROVISION

No interest of any beneficiary in the corpus or income of my estate or of any trust created herein shall be subject to assignment, alienation, pledge, attachment, or claims of creditors of such beneficiary and may not otherwise be alienated or encumbered by such beneficiary, except as may be otherwise expressly provided herein.

XI.

MAXIMUM TERM OF TRUST

If any trust created hereunder shall violate any applicable Rule Against Perpetuities or any similar rule or law, my Trustee is hereby directed to terminate said trust on the date limited by such rule or law and thereupon the property held in such trust shall be distributed to the persons then entitled to share such income, notwithstanding any provision of this Will to the contrary.

XII.

IN TERROREM CLAUSE

If any beneficiary under this Will shall in any manner contest or attack this Will or any of its provisions, any share or interest in my estate given to such beneficiary under this Will is hereby revoked and shall be disposed of as part of the residue of my estate, unless in a court action determining whether the forfeiture clause should be enforced, the person who brought the action contrary to the forfeiture clause establishes by a preponderance of the evidence that just cause exists for bringing the action and the action was brought and maintained in good faith.

XIII.

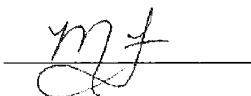
WILLS NOT CONTRACTUAL

My spouse and I are executing Wills at approximately the same time in which each of us may be a primary beneficiary of the Will of the other. These Wills are not executed because of any agreement between my spouse and myself. Either Will may be revoked at any time in the sole discretion of the maker thereof.

XIV.

DEFINITIONS AND INTERPRETATIONS

For purposes of interpretation of this, my Last Will and Testament, and the administration of the estate and any trusts established herein, the following provisions shall apply:



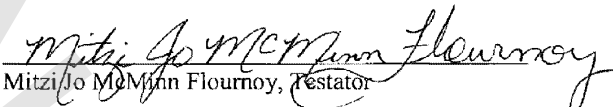
A. The words "child, children, descendants, issue," and similar terms shall be deemed only to include children born to, or adopted (on or before eighteen years of age) by me or my descendants.

B. When a distribution is directed to be made to any person's descendants "per stirpes," the division into stirpes shall begin at the generation nearest to such person that has a living member.

C. The use of the masculine, feminine or neuter genders shall be interpreted to include the other genders, and the use of either the singular or the plural number shall be interpreted to include the other number, unless such an interpretation in a particular case is inconsistent with the general tenor of this instrument. Any references herein relating to my Independent Executor shall include his successors regardless of the gender of the successors.

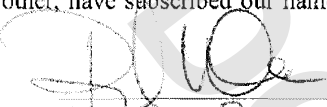
D. This Will shall be probated in accordance with the laws of Texas, and should any provisions of the same be held unenforceable or invalid for any reason, the unenforceability or invalidity of said provision shall not affect the enforceability or validity of any other part of this Will.

IN WITNESS WHEREOF, I, Mitzi Jo McMinn Flournoy, hereby sign my name to this, my last Will, on each page of which I have placed my initials, on April 25, 2019, at Lubbock, Texas.


Mitzi Jo McMinn Flournoy, Testator

ATTESTATION

The foregoing instrument was signed in our presence by Mitzi Jo McMinn Flournoy and declared by her to be her last Will. We, at the request and in the presence of Mitzi Jo McMinn Flournoy and in the presence of each other, have subscribed our names below as witnesses on April 25, 2019.


Witness Name: Racquel Ware
1915 Broadway
Lubbock, Texas


Witness Name: Travis Ware
1915 Broadway
Lubbock, Texas



SELF-PROVING AFFIDAVIT

STATE OF TEXAS

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§

COUNTY OF LUBBOCK

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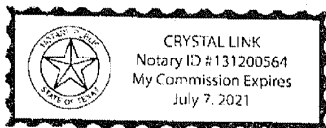
BEFORE ME, the undersigned authority, on this day personally appeared Mitzi Jo McMinn Flournoy, Racquel Ware and TRAVIS S. WARE, known to me to be the Testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the said Mitzi Jo McMinn Flournoy, Testator, declared to me and to the said witnesses in my presence that said instrument is her Last Will and Testament and that she had willingly made and executed it as her free act and deed; and the said witnesses, each on their oath stated to me, in the presence and hearing of the said Testator, that the said Testator had declared to them that said instrument is her Last Will and Testament, and that she executed same as such and wanted each of them to sign it as a witness; and upon their oaths each witness stated further that they did sign the same as witnesses in the presence of the said Testator and at her request; that said Testator was at that time eighteen years of age or over (or being under such age, was or had been lawfully married, or was then a member of the armed forces of the United States or of an auxiliary thereof or of the Maritime Service) and was of sound mind; and that each of said witnesses was then at least fourteen years of age.

Mitzi Jo McMinn Flournoy
Mitzi Jo McMinn Flournoy, Testator

Racquel Ware
Witness

Travis S. Ware
Witness

SUBSCRIBED AND SWORN TO BEFORE ME by the said Mitzi Jo McMinn Flournoy, Testator, and by the said Racquel Ware and Travis Ware, Witnesses, on April 25, 2019.



Crystal Link
Notary Public, State of Texas

mf

PREPARED IN THE OFFICE OF:

WARE & GARCIA PLLC
1915 Broadway
LUBBOCK, TX 79401

A handwritten signature in cursive script, appearing to be the initials 'mf', is written over a horizontal line.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2026-012626	DATE ISSUED: 03/17/2026 FEE NUMBER:
FIRST AND MIDDLE NAME(S): MITZI JO LAST NAME(S): FLOURNOY AKA: MITZI MCMINN FLOURNOY	AKA:
COUNTY OF DEATH: SKAGIT DATE OF DEATH: MARCH 10, 2026 APPROXIMATE HOUR OF DEATH: 06:24 AM SEX: FEMALE AGE: 57 YEARS SOCIAL SECURITY NUMBER:	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 1411 K AVE CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-2239
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 1411 K AVE CITY, STATE, ZIP: ANACORTES, WA 98221-2239 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 4 YEARS
BIRTH DATE: BIRTHPLACE: LUBBOCK, TEXAS	FATHER: HAROLD JOE MCMINN MOTHER:
MARITAL STATUS: MARRIED SURVIVING SPOUSE: JIMMY BRUCE FLOURNOY	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
OCCUPATION: DESIGNER INDUSTRY: COSTUME DESIGN EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: NO	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: MARCH 18, 2026
INFORMANT: HANNAH CAT FLOURNOY HERRERA RELATIONSHIP: DAUGHTER ADDRESS: 1008 DIAMANTINA LN, CAMANO ISLAND, WA 98282	FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.
CAUSE OF DEATH: A: MULTIPLE GUNSHOT WOUNDS INTERVAL: SECONDS B: INTERVAL: C: INTERVAL: D: INTERVAL:	ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: COLE B. ERIKSON
OTHER CONDITIONS CONTRIBUTING TO DEATH:	MANNER OF DEATH: HOMICIDE AUTOPSY: YES WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: YES DID TOBACCO USE CONTRIBUTE TO DEATH: NO PREGNANCY STATUS IF FEMALE: NOT APPLICABLE
DATE OF INJURY: MARCH 10, 2026 HOUR OF INJURY: 06:24 AM APPROXIMATE INJURY AT WORK: NO PLACE OF INJURY: DECEDENT'S RESIDENCE	CERTIFIER NAME: HAYLEY THOMPSON, CORONER TITLE: CORONER/ME CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 DATE SIGNED: MARCH 14, 2026
LOCATION OF INJURY: 1411 K AVENUE CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 COUNTY: SKAGIT DESCRIBE HOW INJURY OCCURRED: SHOT BY OTHER	CASE REFERRED TO ME/CORONER: YES FILE NUMBER: 260310-685 ATTENDING PHYSICIAN: NOT APPLICABLE
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	LOCAL DEPUTY REGISTRAR: ANNETTE MADDEN DATE RECEIVED: MARCH 17, 2026

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH422-1329KAGIT (2/22)

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)

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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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:

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

- 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 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

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 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

CERTIFIED

H. Leibrand
Heather Leibrand, M.D., Health Officer
Skagit County Health Department



MADE IN THE STATE OF WASHINGTON

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



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