UNOFFICIAL DOCUMENT

202609240024
09/24/2026 10:42 AM Pages: 1 of 10 Fees: $312.50
Skagit County Auditor

After recording please return to:
The Law office of Justin Rothboeck
1008 5th Street
Anacortes, Washington 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2026.3153
SEP 24 2026
Amount Paid $ -0-
Skagit Co. Treasurer
By Deputy
LT

AFFIDAVIT REGARDING COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

Michael Dragovich, being first duly sworn, upon oath, declares as follows:

1. My name is Michael Dragovich. I am over the age of eighteen and competent to testify.

2. Mary Louise Dragovich and Vincent Louie Dragovich are my parents. I have been appointed personal representative of my mother's estate.

3. On February 8th, 1994, my mother and father, Mary Louise and Vincent Louie Dragovich executed a valid written Community Property Agreement ("the CPA" herein) which was never revoked or otherwise invalidated. A true and correct copy of the CPA is attached to this Affidavit as **Exhibit A.**

4. My father passed away on November 2, 2010. His estate was never probated. A true and correct copy of his death certificate is attached hereto as **Exhibit B.**

5. My mother passed away on May 26, 2026. Her estate is being probated in Skagit County Superior Court under cause number 26-4-00307-29. A true and correct copy of her death certificate is attached hereto as **Exhibit C.**

6. My parents owned a home located at 1210 11th Street, Anacortes, Washington 98221 (the "Home and Property" herein). The Home and Property is identified by Skagit County parcel number ~~P55318~~ P55418 and is legally described as follows:

Lots 16 and 17, Block 78, "MAP OF THE CITY OF ANACORTES", according to the plat recorded in Volume 2 of Plats, page 4 through 7, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

7. In anticipation of the distribution of my mother's estate, the transfer of my father's interest in the Home and Property must be passed to the estate of my mother.

8. In executing the CPA, my parents agreed that upon the death of either of them, all their property, of whatsoever nature and wheresoever situated, and whether separate property or community property, would immediately and completely vest in the survivor.

9. By virtue of the Community Property Agreement, all my father's interest in the Home and Property vested in my mother at the time of my father's death, and is now vested in her estate.

10. However, I make this affidavit to memorialize and put into the chain of title the transfer of my father's interest in the Home and Property to my mother.

11. Any individual who may be charged with the transfer of title or possession of the Home and Property, and any other property, real or personal, owned by my parents marital community or with title in the name of Vincent Louie Dragovich individually, can rely on this Affidavit and its attachments to transfer title or possession of that property to the estate of my mother. Per the community property agreement, all property owned by both of us and either of us passed to the estate of my mother upon the death of my father.

12. No proceeding has begun or is anticipated to begin to admit the Will of Vincent Louie Dragovich to probate, to appoint a personal representative over his estate, to Administer his Estate, to file a small estate affidavit or to distribute or manage his estate in any manner other than pursuant to the terms of their CPA.

13. All of Vincent Louie Dragovich's valid debts and expenses, including the expenses of his last illness, funeral and burial, either have been paid or will be duly paid, without waiving any defense to an improper claim and without forfeiting any rights to claims chargeable against only his estate or his share of the community property. Vincent Louie Dragovich's estate is not subject to federal estate tax or Washington State estate tax.

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Dated this 11 day of September 2026.

Michael Dragovich

SUBSCRIBED AND SWORN TO before me on this 11th day of September 2026 by Michael Dragovich.

Justin Rothboeck
Notary Public in and for the State of Washington
Residing at Anacortes, Washington.
My appointment expires September 9, 2030.

JUSTIN R ROTHBOECK
Notary Public
State of Washington
Commission # 175044
My Comm. Expires Sep 9, 2030

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EXHIBIT A

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 8th day of February, 1994, between VINCENT LOUIE DRAGOVICH and MARY LOUISE DRAGOVICH, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered:** This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer:** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement, in whole or in part, or with reference to specific parts, shares, or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation:** The provisions of paragraph 2 shall be automatically revoked:

a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution, or divorce; or

b. Upon the establishment of a domicile out of the State of Washington by either party; or

LAW OFFICES OF
ANDERSON & RODE
1101 8TH STREET, SUITE D
P.O. BOX 727
ANACORTES, WASHINGTON 98221
TELEPHONE (206) 293-3177
FAX (206) 299-0385

UNOFFICIAL DOCUMENT

c. Immediately prior to death if the order of death cannot be ascertained.

5. **Optional Revocation by One Party:** If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own property or financial affairs.

6. **Powers of Appointment:** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements:** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

VINCENT LOUIE DRAGOVICH

MARY LOUISE DRAGOVICH

(Witness)

(Witness)

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that VINCENT LOUIE DRAGOVICH and MARY LOUISE DRAGOVICH signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: 2/8/94

Notary Public in and for the State of Washington, residing at Anacortes
My appointment expires: 3-30-96.
KAREN N. WALLACE

LAW OFFICES OF
ANDERSON & RODE
1101 6TH STREET, SUITE D
P. O. BOX 727
ANACORTES, WASHINGTON 98221
TELEPHONE (206) 293-3177
FAX (206) 299-0385

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VOL 346D PAGE 730

667845

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 22nd *day of* June, 19[illegible],

by and between Vincent L. Dragovich

and Mary L. Dragovich, *husband and wife,*

residing in Skagit *County, State of Washington.*

WITNESSETH, That whereas the said parties hereto are owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One ($1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said Vincent L. Dragovich *while said* Mary L. Dragovich *survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said* Mary L. Dragovich *in fee simple; and in the event of the death of said* Mary L. Dragovich *while the said* Vincent L. Dragov[illegible] *survives then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said* Vincent L. Dragovich *in fee simple.*

IN WITNESS WHEREOF, the said Vincent L. Dragovich

and Mary L. Dragovich *have hereunto set their hands and seals the day and date first above written.*

Signed, Sealed and Delivered in the Presence of

Donald J. Duncan
Katica Dragovich

Vincent L. Dragovich (SEAL)
Mary L. Dragovich (SEAL)

STATE OF WASHINGTON,
County of ~~KING~~ Skagit } *ss.*

Received for record at 9:18 A.M. June 22, 1965
at request of Vincent L. Dragovich
A. H. JOHNSON, Auditor Skagit Co., Washington

This is to certify that on this 22nd *day of* June, 1965, *before me*

Leo A. Schmandt *a Notary Public in and for the State of Washington duly commissioned and sworn, personally came* Vincent L. Dragovich

and Mary L. Dragovich *husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.*

WITNESS my hand and official seal the day and year in this certificate first above written.

Leo A. Schmandt

Notary Public residing at Anacortes

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20260924024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Exhibit

Local File Number 940-10

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Vincent	Louie	Dragovich		Nov 2, 2010

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months	Days	4c. Under 1 Day Hours	Minutes	5. Social Security Number	6. County of Death
M	81					538-22-8012	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
Jan 22, 1929	Anacortes	Washington	High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	Caucasian	Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
1210 - 11th Street	Anacortes

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit		Washington	98221	■ Yes ☐ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
50 Years	Married	Mary Louise Milat

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Custodian	School District

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Lino (nmi) Dragovich	Katica (nmi) Jukovich

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
Mary Louise Dragovich	Wife	1210 - 11th Street	Anacortes	WA	98221

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
1210 - 11th Street	Anacortes	WA	98221

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Northwest Crematory	Anacortes, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221	November 6, 2010

33. Funeral Director Signature X Joseph J Wahamaa

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Metastatic Non-small Cell Lung Cancer	3 Years
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b. Tobacco Use (Quit 1960's)	Unknown
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
PVD, Carotid Artery Disease, Prostate Cancer	☐ Yes ■ No	☐ Yes ■ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
■ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	■ Yes ☐ Probably ☐ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work?
			☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt No.

City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred	47. If transportation injury, specify:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated	48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
X Anita Meyer	X

49. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Anita Meyer, M.D 819 South 13th Mount Vernon, WA 98274	0330

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	Nov 3, 2010

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
Dr.	MD00033285	NJA # 523	■ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X Carrie Anderson	NOV -5 2010

59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (6/10)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Washington State Department of Health

Affidavit for Correction

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

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

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify)	Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.
All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:
- Certificate of Naturalization
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- Passport
- School Transcripts
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)
- We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
   - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
   - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit – form DOH/CHS 021)**

Death Certificates:
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 6/11/10

CERTIFIED

NOV 16 2010

Skagit County Health Department
Howard Leibrand M.D., Health Officer

UU00007001

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2026-025822

DATE ISSUED: 05/29/2026
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARY LOUISE
LAST NAME(S): DRAGOVICH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 26, 2026
HOUR OF DEATH: 04:15 PM
SEX: FEMALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER: 535-28-5247

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

BIRTH DATE: AUGUST 26, 1931
BIRTHPLACE: ANACORTES, WASHINGTON

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: COOK - HEADCOOK/CHEF
INDUSTRY: TRANSPORTATION - WATER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: MICHAEL DRAGOVICH
RELATIONSHIP: SON
ADDRESS: 4760 19TH ST, SAN FRANCISCO, CA 94114

CAUSE OF DEATH:
A: NON-TRAUMATIC LEFT BASAL GANGLIA INTRACRANIAL HEMORRHAGE
INTERVAL: 1 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

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: 1210 11TH ST
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-1935

RESIDENCE STREET: 1210 11TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221-1935
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 65 YEARS

FATHER: DICK MILAT
MOTHER: MARY GUGICH

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 10, 2026

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSON

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: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MAY 27, 2026

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MAY 28, 2026

*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)

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.

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
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.

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

0 7 2 0 4 2 5 8

UNOFFICIAL DOCUMENT