202610050053
10/05/2026 12:57 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

Return Address:
Susan George
3219 D Avenue
Anacortes, WA 98221

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20263287
Date 10/05/2026

State of Washington

County of Skagit

Land Title and Escrow Order #60047178-352

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Susan J. George Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Dana Drew George
3. The decedent died on 5-25-26 (date) at Anacortes (City), Skagit (County), WA (State).
4. My/Our relationship to the decedent is as follows:
   spouse
5. I am/We are the rightful heirs to the property described herein.
6. X Decedent left no last Will; or _____ Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

   Abbreviated legal: Lot 41, SKYLINE NO. 6

   Tax ID Number: 3822-000-041-0001/P59432
8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.

UNOFFICIAL DOCUMENT

9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
Susan Jane George	71	Spouse
Ryan Joseph George	47	Child
Corey Lynn George	45	Child
Jeremy Robert George	39	Child
Lance Richard George	78	Brother

Affiant's Signature

Susan J. George
Printed Name of Affiant

3219 D Avenue
Anacortes, WA 98221
Address

State of: Washington

County of: Skagit

I certify that I know or have satisfactory evidence that Susan J. George is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 9/3/2026

Signature

Notary Public
Title

My appointment expires: 11/19/2028

SHANNA A REYNA NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 11-19-28 240036165
Seal or Stamp

Order No.: 60047178-352

EXHIBIT "A"

Lot 41, "SKYLINE NO. 6," as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, Washington.

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

THE ADDRESS FOR THE EXHIBIT "A" ABOVE IS AS FOLLOWS:
2611 View Place, Anacortes, WA 98221
TITLE COMPANIES INSURE PROPERTIES BASED ON THE LEGAL DESCRIPTION
(NOT THE PROPERTY ADDRESS),
AND THE PROPERTY ADDRESS IS NOT A PART OF THE LEGAL DESCRIPTION.
THE PROPERTY ADDRESS HAS BEEN ADDED TO THIS PAGE FOR REFERENCE ONLY.

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2026-026360**
DATE ISSUED: **06/02/2026**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **DANA DREW**
LAST NAME(S): **GEORGE**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 25, 2026**
HOUR OF DEATH: **08:01 PM**
SEX: **MALE** AGE: **72 YEARS**
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: **SUNBURST, MONTANA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **SUSAN JANE OWINGS**

OCCUPATION: **IT TECHNICIAN**
INDUSTRY: **MEDICAL - HOSPITAL**
EDUCATION: **ASSOCIATE DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **RYAN GEORGE**
RELATIONSHIP: **SON**
ADDRESS: **3219 D AVE, ANACORTES, WA 98221**

CAUSE OF DEATH:
A: **PENDING**
INTERVAL: **PENDING**
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: **HOSPITAL**
FACILITY OR ADDRESS: **ISLAND HOSPITAL**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221-2590**

RESIDENCE STREET: **2611 VIEW PL**
CITY, STATE, ZIP: **ANACORTES, WA 98221-3135**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **8 YEARS**

FATHER: **JERRY TWITCHELL GEORGE**
MOTHER:

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**

CITY, STATE: **ANACORTES, WASHINGTON**
DISPOSITION DATE: **JUNE 03, 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: **PENDING**
AUTOPSY: **NO**
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH: **UNKNOWN**
PREGNANCY STATUS IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **BRITTANNA FLICKINGER, DEPUTY CORONER**
TITLE: **CORONER/ME**
CERTIFIER ADDRESS: **1700 CONTINENTAL PLACE**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **MAY 26, 2026**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **260526-126**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**
DATE RECEIVED: **JUNE 01, 2026**

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

Required

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

1. Name on Record: First / Middle / Last/Maiden
2. Date of Event: MM/DD/YYYY
3. Place of Event:
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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- 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 3 7 2

UNOFFICIAL DOCUMENT