

When recorded return to:  
Carol O'Donovan  
1112 Sumac Place  
Mount Vernon, WA 98274



Skagit County Auditor  
9/27/2016 Page

1 of

\$111.00  
6 3:30PM

Filed for record at the request of:



CHICAGO TITLE  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620026150

CHICAGO TITLE  
620026150

**DOCUMENT TITLE(S)**

Inheritance Lack of Probate Affidavit/Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:** \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

Carol O'Donovan, State of Washington

☐ Additional names on page \_\_\_\_\_ of document

**GRANTEE(S)**

Public, Michael Dennis O'Donovan

☐ Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

Lot(s): 1-3 Block: 2 Northern Pacific Add. to Anacortes

Complete legal description is on page 4 of document

**TAX PARCEL NUMBER(S)**

P58143 / 3809-002-003-0000

Additional Tax Accounts are on page \_\_\_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2016 4400  
SEP 27 2016

Amount Paid \$0  
Skagit Co. Treasurer  
By *mem* Deputy

After recording, return to:

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

COUNTY OF Skagit SS:

The undersigned, Carol O'Donovan, executes this affidavit relating to the estate of Michael Dennis O'Donovan (herein "Decedent"), who died on 11-4-14, in the County of Skagit, State of Washington, then being a resident of the City of MT Vernen, County of Skagit, State of Washington. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ Surviving child of the Decedent  
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.  
☐ other (identify:) \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:  
(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship PEGGY CARTER DAUGHTER

Name & relationship PATRICIA A JOHNSON DAUGHTER

Name & relationship CAROL O'DONOVAN SPOUSE

Name & relationship N/A

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Sagit, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

**5. Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

DATED: SEPTEMBER 26, 20 16

Carol O'Donovan  
(Signature)

1112 SUMAC PL, MOUNT VERNON, WA 98274  
(Print or type full name)

CAROL H. O'DONOVAN  
(Full address and telephone number)

State of WA  
County of Sagit

SUBSCRIBED and SWORN TO before me this 26 day of Sept, 2016,  
by Carol O'Donovan, proved to me on the basis of satisfactory evidence to be the person who  
appeared before me.

E. R. Lutz  
Notary Public in and for the State of WA  
residing at Arlington, WA

ERIC R. LUTZ  
STATE OF WASHINGTON  
NOTARY --- PUBLIC  
My Commission Expires 11-04-2018

## EXHIBIT A

Order No.: 620026150

**For APN/Parcel ID(s): P58143 / 3809-002-003-0000**

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Lots 1, 2 and 3, Block 2, Northern Pacific Addition to Anacortes, according to the plat thereof, recorded in Volume 2 of plats, pages 9 through 11, records of Skagit County, Washington.

Situate in Skagit County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-095420

DATE ISSUED: 11/10/2014

FEE NUMBER: 0000000029

GIVEN NAMES: MICHAEL DENNIS  
LAST NAME: O'DONOVAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 04, 2014  
HOUR OF DEATH: 02:20 P.M.  
SEX: MALE  
AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: MONTEREY, MONTEREY CNTY, CALIFORNIA

MARITAL STATUS: MARRIED  
SPOUSE: CAROL HO

OCCUPATION: HUMAN RESOURCES  
INDUSTRY: MILITARY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? YES

INFORMANT: CAROL H. O'DONOVAN  
RELATIONSHIP: WIFE  
ADDRESS: 1202 A AVE. ANACORTES, WA 98221

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1202 A AVE.  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: MIKE O'DONOVAN  
MOTHER: ROSALIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: NOVEMBER 10, 2014

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON WA 98273  
FUNERAL DIRECTOR: RODGER L. TRIJAK

CAUSE OF DEATH:  
A. MULTIPLE MYELOMA  
INTERVAL: 1 MONTH  
B. RESTRICTIVE CARDIOMYOPATHY  
INTERVAL: 1 MONTH  
C. NON-ST ELEVATION MYOCARDIAL INFARCTION  
INTERVAL: 1 MONTH  
D. ACUTE RENAL FAILURE  
INTERVAL: 1 MONTH

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:

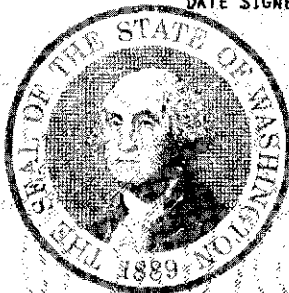
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LEIGH ANDERSON MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1415 E KINCAID ST  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: NOVEMBER 07, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: NOVEMBER 07, 2014

UNOFFICIAL DOCUMENT

NOV 10 2014  
11:14 AM  
11/10/2014 11:14 AM  
11/10/2014 11:14 AM

1. Name (Last, First, Middle)  
2. Date of Birth (MM/DD/YYYY)  
3. Sex (Male/Female)  
4. Race (Caucasian, African American, Asian, Hispanic, Other)  
5. Social Security Number (Last four digits only)  
6. Signature (Print Name)  
7. Signature (Print Name)  
8. Signature (Print Name)  
9. Signature (Print Name)  
10. Signature (Print Name)  
11. Signature (Print Name)  
12. Signature (Print Name)  
13. Signature (Print Name)  
14. Signature (Print Name)  
15. Signature (Print Name)  
16. Signature (Print Name)  
17. Signature (Print Name)  
18. Signature (Print Name)  
19. Signature (Print Name)  
20. Signature (Print Name)

**\*CERTIFIED\***

NOV 10 2014

*Howard Leibrand*

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

AA00221624