



201704180039

Skagit County Auditor

\$78.00

4/18/2017 Page

1 of

6 12:01PM

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee James Patrick Murphy, 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 the surviving spouse
Relationship to decedent

of Atta Lynn Murphy, who died on 12-07-16
Decedent/Grantor Date

at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

E 20 Feet of Lot 28, All of Lots 29, 30, 31, 32, Block 3,
Plat of Townsite Gilbralter, Recorded in Volume 1
of Plats, Page 19

Assessor's Property Tax Parcel/Account Number: P73503/4109-003-032-0008
(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 _____)

Deborah Magdaleno, 61yr daughter, 2520 NW 195th Pl.
Shoreline, WA.

Full name, age, relationship, address

Jim Magdaleno, 59yr, son, 818 NE 93 Ave.,
Portland, Ore.

Full name, age, relationship, address

Kathleen Magdaleno, -Mounier, 53yr. daughter, 33704
Backbone Rd, Auburry, CA.

Full name, age, relationship, address

Joleen Magdaleno, 55 yrs., daughter, 3111 NE
Peticoat Ln., Vancouver, WA.

Full name, age, relationship, address

Mark Magdaleno, 51yr, son, 2823 Willow Ave, #153
Clovis, CA.

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: April 18, 2017

James Patrick Murphy
Affiant's full name

360-299-8988
Telephone number

6807 Gibraltar Dr.

Anacortes Washington 98221
City State Zip Code

James P. Murphy
Signature

April 18, 2017
Date

State of Washington County of Skogit

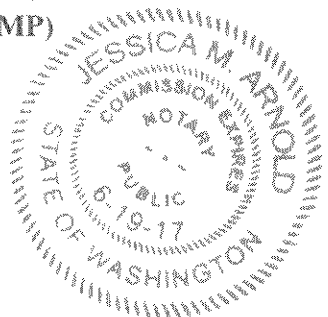
I know or have satisfactory evidence that James P. Murphy
(name of person)

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: 04/18/2017

J. J. [Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Sedro-Woolley

Notary Public in and for the State of Washington

My appointment expires: June 19, 2017.

EXHIBIT A

PARCEL NUMBER: P73503

TAX IDENTIFIER: 4109-003-032-0008

COMMONLY KNOWN AS: 6807 Gibraltar Drive, Anacortes, WA

LEGAL DESCRIPTION:

The east 20 feet of Lot 28 and all of Lots 29, 30, 31 and 32 Block 3, PLAT OF THE TOWNSHIP GIBRALTER, according to the plat thereof recorded in Volume 1 of Plats, page 19, records of Skagit County, Washington.

Subject to easements, restrictions, reservations, covenants, contracts, conditions and the like, of record, if any.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-049507

DATE ISSUED: 12/08/2016

FEE NUMBER: 000000029

GIVEN NAMES: ALTA LYNN
LAST NAME: MURPHY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 06, 2016
HOUR OF DEATH: 10:00 P.M.
SEX: FEMALE
AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: OKLAHOMA CITY, OKLAHOMA

MARITAL STATUS: MARRIED
SPOUSE: JAMES PATRICK MURPHY

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JIM P. MURPHY
RELATIONSHIP: HUSBAND
ADDRESS: 6807 GIBRALTER DRIVE, ANACORTES, WA 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 6807 GIBRALTER DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 6807 GIBRALTER DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER/PARENT: FLOYD LEROY MCINTOSH
MOTHER/PARENT: MIRIAM FRANCES [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: DECEMBER 08, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
B. TOBACCO USE
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
MALNUTRITION, ANEMIA, OSTEOPOROSIS

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

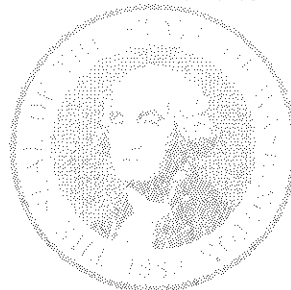
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: DECEMBER 07, 2016

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:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: DECEMBER 08, 2016

Affidavit for Correction

County of Health Services

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

STATE OFFICE USE ONLY

State of Washington
 County of Health Services
 Date of Birth: _____ Sex: _____

Required	Required information must match current information on record				
	Records:	Birth	Death	Marriage	Dissolution (Divorce)
1 Name	_____	_____	_____	_____	_____
4 Current Address	_____	_____	_____	_____	_____
6 Name	_____	_____	_____	_____	_____

7 Return to: _____
 Telephone: _____

Use the section below for indicating any changes on the record. The record is incorrect or incomplete as follows:

The record now shows _____ The true fact is _____

8 _____
 9 _____
 10 _____
 11 _____
 12 _____
 13 _____
 14 _____

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

15a Signature: _____
 Printed name: _____ Title: _____

INSTRUCTIONS

Driver's license, Social Security card, and a birth certificate with certificate cannot be used as proof.

- Required documents:
- Birth Certificate
 - Identification

- Birth Certificates:
- 1 Original
 - 2 The printed and stamped May 2015 version
 - 3 Issued after 2015

- Child Support:
- Birth Certificate
 - Affidavit
 - Affidavit
 - Affidavit
 - Affidavit
 - Affidavit
 - Affidavit

To make a correction, you must provide proof of the correct information. This information cannot be used to add a father to a birth certificate unless you provide a court order from DC01422-0327.

- Death Certificates:
- 1 Original
 - 2 Printed and stamped
 - 3 Issued after 2015

- Marriage/Dissolution Documents:
- 1 Divorce
 - 2 Issued after 2015

CERTIFIED

DEC 08 2016

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

GG00096575