



201708160097

Skagit County Auditor
8/16/2017 Page

1 of 5 \$78.00
4:10PM

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 13730 Sullivan Road
Legal: E 330.6 FT W 1,322.7 FT GVT LT 6
Tax Parcel # 350308-0-012-0004 / P33909

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiants, DARCY SULLIVAN and DARLA SULLIVAN, execute this affidavit relating to the estate of JANE F. SULLIVAN, the Decedent, who died on April 28, 2017, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

DARCY SULLIVAN and DARLA SULLIVAN, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiants are the rightful heirs to the property described below.

Relationship of the Affiant to the Decedent

2. The affiants are (check one):

- The lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving children 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 of the 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 affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Darcy Sullivan 13740 Sullivan Road Bow, WA 98232	legal	daughter
Darla Sullivan 13740 Sullivan Road Bow, WA 98232	legal	daughter

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 Skagit, State of Washington, and described as follows:

The East 330.6 feet of the West 1,322.7 feet of Government Lot 6,
Section 8, Township 35 North, Range 3 East, W.M.

Situate in the County of Skagit, State of Washington

5. Status of the Will (if any)

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated March 9, 2015. The Will devises and states that:

III. If my children survive me by ninety (90) days, I hereby give, devise and bequeath all the rest, residue and remainder of my estate, as defined above and including without limitation all property acquired by me after the execution of this Will, to Darcy J. Sullivan and Darla C. Sullivan, in equal shares by right of representation.

DATED: 8/2, 2017

Darcy Sullivan
Darcy Sullivan - Affiant

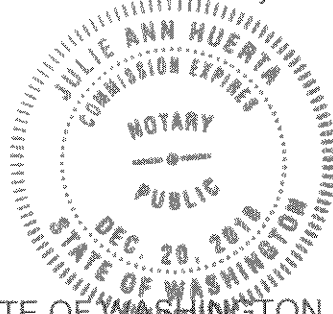
DATED: 8/2, 2017

Darla Sullivan
Darla Sullivan - Affiant

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Darcy Sullivan** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 2 day of August, 2017.

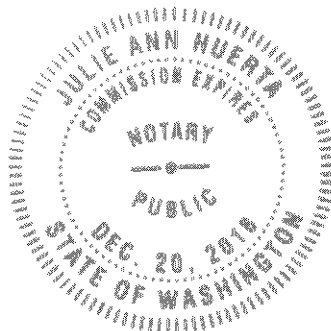


Julie Ann Huerta
Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires 12-20-18

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Darla Sullivan** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 2 day of August, 2017.



Julie Ann Huerta
Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires 12-20-18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-019770

DATE ISSUED: 05/04/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JANE FRANCES
LAST NAME(S): SULLIVAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 28, 2017
HOUR OF DEATH: 11:10 AM
SEX: FEMALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 13730 SULLIVAN ROAD
CITY, STATE, ZIP: BOW, WASHINGTON 98232

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

RESIDENCE STREET: 13730 SULLIVAN ROAD
CITY, STATE, ZIP: BOW, WASHINGTON 98232
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 72 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BURLINGTON, SKAGIT COUNTY, WASHINGTON

FATHER/PARENT: FRANCIS ROBERT SULLIVAN
MOTHER/PARENT: JUNE MARIO [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: MANAGER
INDUSTRY: DEPT OF LABOR AND INDUSTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 01, 2017

INFORMANT: DARCY SULLIVAN
RELATIONSHIP: DAUGHTER
ADDRESS: 13740 SULLIVAN ROAD BOW, WA 98232

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

CAUSE OF DEATH:
A: BREAST CANCER
INTERVAL: 3 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY EMBOLUS,
METASTATIC DISEASE TO LIVER, ASCITES

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: NO RESPONSE

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: APRIL 28, 2017

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MAY 01, 2017



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record	2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal 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		<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital	
<input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 now shows:

The true fact is:

8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name	Printed name:
Date	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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.
- Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required
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*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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

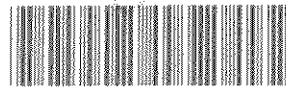
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

MAY 04 2017

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

DOH 422-034 October 2015



0 1 4 3 9 7 3 9

Certificate not valid unless the Seal of the State of Washington covers entire when heat applied.