



201712010145

Requested by and Return to:
Fidelity National Agency Solutions
6500 Pinecrest Drive, Suite 600
Plano, Tx 75024

Skagit County Auditor

\$79.00

12/1/2017 Page

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6 4:17PM

PTGL-17-14091

Document Title(s): LACK OF PROBATE AFFIDAVIT

DECEDENT(s) : VALERIE CAPPELAERE DELANEY

AFFIANT(s) : SEAN DELANEY

Legal Description (Abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)
LOT 15, "PLAT OF ROCK RIDGE SOUTH, PHASE 2," AS RECORDED JANUARY 24, 2007, UNDER
AUDITOR'S FILE NO. 200701240094, AND AMENDED BY INSTRUMENT RECORDED JANUARY 25, 2007,
UNDER AUDITOR'S FILE NO. 200701250133, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P125859

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.

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: 17-14091, County: Skagit

STATE OF FL)

SS:

COUNTY OF DUVALL)

The undersigned, Sean Delaney, executes this affidavit relating to the estate of Valerie C. Delaney (herein "Decedent"), who died on March 11, 2013, in the County of Lincoln, State of Washington, then being a resident of the City of Anacortes, 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:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Surviving child of the Decedent
☐ Registered domestic partner 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:): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue 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); **and**
3. ***all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:***

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Sean Delaney
Address: 22494 Sparrow Court, Leonardtown, MD 20650
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was (check one)

- ☐ Community property
☐ Separate property
☒ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
☒ married to Sean Delaney.
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
☒ married to Sean Delaney.
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____.
3. ☒ That the decedent left a Will, *a copy of which is attached hereto*.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____.
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☒ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ _____, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce _____ CHICAGO _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: _____ November 24 _____, 20 17

(Signature)

Sean Delaney

(Print or type full name)

22494 Sparrow Court, Leonardtown, MD 20650

(Full address and telephone number)

301-233-6554

SUBSCRIBED and SWORN TO before me this _____ 24th _____ day of _____ November _____, 20 17

Notary Public in and for the State of _____ Florida

, residing at _____ 4475 Stearns Road, Spring
Drive R, San Pl 32112

NOTARY PUBLIC
CLIFFORD WENDELL GOFF, JR.
MY COMMISSION # FF 051451
EXPIRES: January 5, 2018
Bonded Thru Budget Notary Services
STATE OF FLORIDA

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2013-004628

DATE ISSUED: 11/15/2017
FEE NUMBER: 73088255

FIRST AND MIDDLE NAME(S): VALERIE CAPPELAERE
LAST NAME(S): DELANEY

COUNTY OF DEATH: LINCOLN
DATE OF DEATH: MARCH 11, 2013
HOUR OF DEATH: 08:40 AM
SEX: FEMALE AGE: 28 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: ROCKVILLE, MD

MARITAL STATUS: MARRIED
SPOUSE: SEAN M. DELANEY

OCCUPATION: LT J.G. NAVAL PILOT/AVIATOR
INDUSTRY: U.S. NAVY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: SEAN M DELANEY
RELATIONSHIP: HUSBAND
ADDRESS: 2510 BERENTSON COURT, ANACORTES, WA 98221

CAUSE OF DEATH:
A: MULTIPLE INJURIES
INTERVAL: IMMEDIATE

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MARCH 11, 2013
HOUR OF INJURY:
INJURY AT WORK: YES
PLACE OF INJURY: FIELD

LOCATION OF INJURY: COFFEE POT ROAD E.

CITY, STATE, ZIP: HARRINGTON, WASHINGTON 99134
COUNTY: LINCOLN
DESCRIBE HOW INJURY OCCURRED: AIRCRAFT MISHAP

IF TRANSPORTATION INJURY, SPECIFY: UNKNOWN

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: COFFEE POT ROAD
CITY, STATE, ZIP: HARRINGTON, WASHINGTON 99134

RESIDENCE STREET: 2510 BERENTSON CT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: UNKNOWN

FATHER/PARENT: PATRICE GABRIEL CAPPELAERE
MOTHER/PARENT: DOREEN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: APRIL 01, 2013

FUNERAL FACILITY: TUELL MCKEE FUNERAL HOME

ADDRESS: 2215 SIXTH AVE
CITY, STATE, ZIP: TACOMA, WASHINGTON 98403
FUNERAL DIRECTOR: MICHAEL R. STRITE

MANNER OF DEATH: ACCIDENT
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NO

DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: UNKNOWN IF PREGNANT WITHIN THE
PAST YEAR

CERTIFIER NAME: JEFFREY S. BARKDULL
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 874
CITY, STATE, ZIP: DAVENPORT, WASHINGTON 99122
DATE SIGNED: MARCH 13, 2013

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 13-003
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BREAN CASSIDY
DATE RECEIVED: MARCH 13, 2013



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:	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

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

Child under 18

- 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

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 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

*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

1. 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.
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 documentary proof.
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.

DOH 422-034 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

Christie Spice

