

After recording, return to:  
Catherine G. Worley



**201805240095**

05/24/2018 03:35 PM Pages: 1 of 5 Fees: \$112.00  
Skagit County Auditor

**CHICAGO TITLE**  
**620034520**

Grantor (Name of Decedent): Harry Worley

Grantee (Heirs): Catherine G. Worley

Abbreviated Legal Description: Lot(s): 2 DUNLAP & JENNE'S CAMPING TRACTS TGW SECOND  
CLASS TIDELANDS AND TGW PTN GOV LOT 1, 26-36-02

Tax Parcel No.(s): P65142 / 3906-000-002-0007

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

**Death Certificate**

STATE OF Washington

COUNTY OF Skagit

The undersigned, Catherine G. Worley, executes this affidavit relating to the estate of  
Harry Worley (herein "Decedent"), who died on June 24, 2016,  
in the County of Skagit, State of Washington, then being a resident of the  
City of Mount Vernon, 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 a 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 (1) 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.

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

☐ other (identify): \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Catherine Gilbert Worley, Surviving Spouse

Name and relationship: Catherine A. Worley, daughter

Name and relationship: Barbara Worley, daughter

Name and relationship: \_\_\_\_\_

**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:

Lot 2, PLAT OF DUNLAP & JENNE'S CAMPING TRACTS, according to the plat thereof, recorded in Volume 4 of Plats, page 48, records of Skagit County, Washington;

TOGETHER WITH that portion of vacated Roney Road #295 adjacent to said premises which upon vacation, reverted to said premises by operation of law, as contained in final order of vacation recorded May 16, 1991, under Auditor's File No. 9105160020, records of Skagit County, Washington;

AND TOGETHER WITH tidelands of the second class, in front of said Lot 2 and lying between the East and West line of the said Lot 2, EXCEPT any portion of said tidelands contained within a tract conveyed by the State of Washington to John Earle as tidelands suitable for the cultivation of oysters, through deed issued October 15, 1901, under Application No. 3254;

AND ALSO TOGETHER WITH that portion of Lot 1, Section 26, Township 36 North, Range 2 East, W.M., described as follows:

Beginning at the Southwest corner of Lot 2, PLAT OF DUNLAP & JENNE'S CAMPING TRACTS; Thence South 6 degrees 37'15" East to the North line of the Harold R. Roney County Road No. 295;

Thence Easterly along the said North line of County Road to intersect the Easterly line of the said Lot 2, PLAT OF DUNLAP & JENNE'S CAMPING TRACTS, produced Southeasterly; Thence Northwesterly along the said Easterly line of Lot 2, produced, to the Southeast corner of the said Lot 2;

Thence Westerly to the place of beginning.

Situated in Skagit County, Washington.

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.

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

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

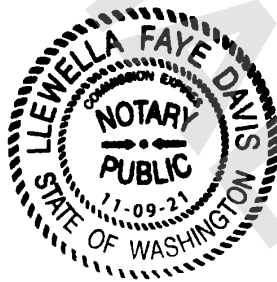
*Catherine G. Worley*  
Signature  
Catherine G. Worley  
Print Name

May 10, 2018  
Date

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on May 10, 2018 by Catherine  
G. Worley (name of person making statement).



*Llewella Faye Davis*  
Name: Llewella Faye Davis  
Notary Public in and for the State of Washington,  
Residing at: Mount Vernon, WA  
My appointment expires: 11/09/21

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2016-026088

DATE ISSUED: 05/17/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HARRY ERNEST  
LAST NAME(S): WORLEY

COUNTY OF DEATH: KING  
DATE OF DEATH: JUNE 24, 2016  
HOUR OF DEATH: 04:30 PM  
SEX: MALE AGE: 94 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BOISE, ID

MARITAL STATUS: MARRIED  
SPOUSE: CATHERINE MATHESON GILBERT

OCCUPATION: PHYSICIAN  
INDUSTRY: PRIVATE PRACTICE  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: YES

INFORMANT: CATHERINE WORLEY  
RELATIONSHIP: DAUGHTER  
ADDRESS: 507 W. CROCKETT STREET, SEATTLE, WA 98119

CAUSE OF DEATH:  
A: RESPIRATORY FAILURE  
INTERVAL: DAYS  
B: ATELECTASIS  
INTERVAL: DAYS  
C: SEVERE WEAKNESS  
INTERVAL: WEEKS  
D: CIRRHOSIS OF LIVER  
INTERVAL: MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH: UNKNOWN CAUSE FOR  
CIRRHOSIS OF LIVER, HEPATIC ENCEPHALOPATHY

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: KINDRED HOSPITAL  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98125

RESIDENCE STREET: 416 S 9TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER/PARENT: ERNEST M WORLEY  
MOTHER/PARENT: HAZE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: JUNE 28, 2016

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 19324 40TH AVE W. #A  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: JOHN K. MOODY

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: NOT APPLICABLE

CERTIFIER NAME: ABDULLAH OZ, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 10631 8TH AVE NE  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98125  
DATE SIGNED: JUNE 27, 2016

CASE REFERRED TO ME/CORONER:  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: JUNE 28, 2016

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201805240095

Mail to: Center for Health Statistics  
05/24/2018 03:35 PM Page 5 of 5  
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
<b>Required information must match current information on record</b>				
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 forgoing is true and correct

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

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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

# \*CERTIFIED\*

MAY 17 2018

*Howard Leibrand*

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



0 1 8 0 4 9 8 6

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.