

Return Address:

Winslow Law Group, PLLC  
100 W Harrison Street, S540  
Seattle WA 98119

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee DANIEL W. DAILEY, 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 son  
*Relationship to decedent*  
of JOHN J. DAILEY, who died on JULY 17, 2007  
*Decedent/Grantor* *Date*  
at Redmond King Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Legal Description:

Lake Cavanaugh Sub Div 2 Lot 88 Blk 3, Skagit County, Washington.

Lot 88, Block 3, "Lake Cavanaugh Subdivision, Division No. 2," according to the plat thereof, recorded in Volume 5 of Plats, Page 49 to 54, inclusive, records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: P66739  
(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 3)

FLORIENE A. DAILEY, surviving spouse, now deceased; DOD 8.1. 2018.

N/A

*Full name, age, relationship, address*

DANIEL W. DAILEY, son, legal age;

2475 E Tiffany Way; Gilbert AZ 85298

*Full name, age, relationship, address*

N/A

*Full name, age, relationship, address*

N/A

*Full name, age, relationship, address*

N/A

*Full name, age, relationship, address*

N/A

*Full name, age, relationship, address*

N/A

*Full name, age, relationship, address*

N/A

*Full name, age, relationship, address*

Dated : September 19, 2018DANIEL W. DAILEY

Affiant's full name:

425.941.5916

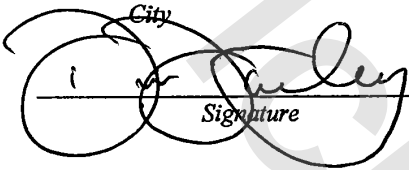
Telephone number

2475 East Tiffany WayGilbertAZ85298

City

State

Zip Code

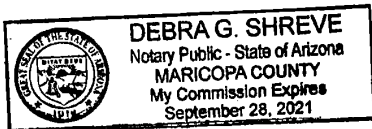
  
Signature9/25/18

Date

State of ARIZONACounty of MARICOPAI know or have satisfactory evidence that DANIEL W. DAILEY

(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: 9/25/18  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: 1250 S GILBERT Rd Chandler AZ 85286Notary Public in and for the State of ARIZONAMy appointment expires: 9 / 2021

# STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number: <b>7441</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (include AKA's if any) First, Middle, LAST <b>John James DAILEY</b>			2. Death Date <b>7/17/2007</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>79</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>King</b>
7. Birthdate <b>[REDACTED]</b>		8a. Birthplace (City, Town, or County) <b>Seattle</b>	8b. (State or Foreign Country) <b>WA</b>	9. Decedent's Education <b>Some college credit; but no degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>33677 S Shore Dr</b>				13b. City or Town <b>Mt. Vernon</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable) <b>-</b>		13e. State or Foreign Country <b>WA</b>	13f. Zip Code + 4 <b>98274</b>
14. Estimated length of time at residence. <b>4 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Floriene Scarney</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Power Lineman</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Electrical</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Ernest Dailey</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Marie [REDACTED]</b>		
21. Informant's Name <b>Floriene Dailey</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>33677 S Shore Dr Mt. Vernon, WA 98274</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>					
25. Facility Name (If not a facility, give number & street or location) <b>Eastside Group Health Hospital</b>			26a. City, Town, or Location of Death <b>Redmond</b>		26b. State <b>WA</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Neptune Society Cremation Service</b>		30. Location-City/Town, and State <b>Kent, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036</b>					32. Date of Disposition <b>7/31/2007</b>
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →			Interval between Onset & Death		
a. <b>RESPIRATORY FAILURE</b>			Due to (or as a consequence of):		
b. <b>IDIOPATHIC PULMONARY FIBROSIS</b>			Due to (or as a consequence of):		
c. _____			Due to (or as a consequence of):		
d. _____			Due to (or as a consequence of):		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		
39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____					
46. Describe how injury occurred <b>[REDACTED]</b>					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			48a. Certifying Physician-To be completed by physician or medical examiner		
48b. Medical Examiner/Coroner - To be completed by medical examiner or coroner			50. Hour of Death (24hrs) <b>0720</b>		
49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner <b>MICHAEL E. DORNEY, 2700152-AVE, KENT, WA, 98052</b>					51. Name and Title of Attending Physician if other than Certifier (Type of Physician) <b>[REDACTED]</b>
52. Date Signed (MM/DD/YYYY) <b>7/30/07</b>					53. Title of Certifier <b>MD</b>
54. License Number <b>MD00037059</b>					55. ME/Coroner File Number <b>[REDACTED]</b>
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					57. Registrar Signature <b>[Signature]</b>
58. Date Received (MM/DD/YYYY) <b>AUG 1 2007</b>					59. Amendments

Part 1 completed by Funeral Director

Part 2 completed by Certifier

DOH-01-003 (5/98)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

# Affidavit for Correction

201810240073

Center for Health Statistics  
10/24/2018 04:00 PM Page 5 of 5  
Olympia, WA 98507-9703  
(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

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

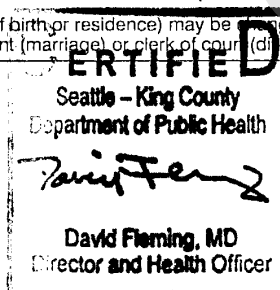
### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



AUG 3 2007

PP00020954