



201905310119

05/31/2019 02:48 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

Return Address:

AFFIDAVIT (LACK OF PROBATE) 19-1441
GUARDIAN NORTHWEST TITLE CO.

The undersigned affiant/grantee Aaron Richards, 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 Son
Relationship to decedent

of Pamela Richards-Avila, who died on 12/29/17
Decedent/Grantor *Date*

at Seattle King County, WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

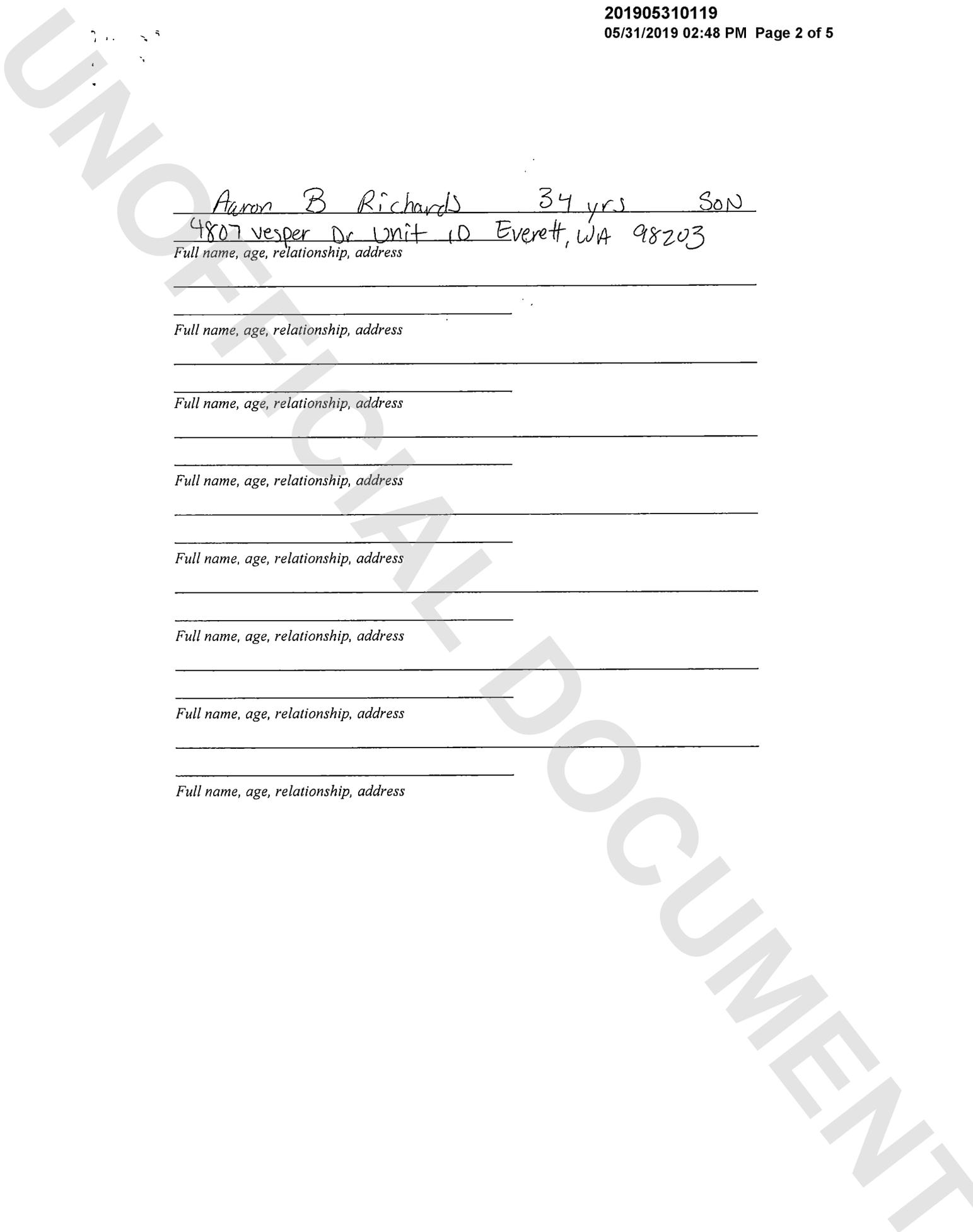
Abbreviated Legal Description: That portion of the west half of
NE QTR of the SW QTR of sec 121, township 30 N,
Range 4E - WM. lying North of Wagon Road, also
called Old Grade Road and Echo Hill Rd.

Assessor's Property Tax Parcel/Account Number: P49686
(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)

Aaron B Richards 34 yrs SON
4807 vesper Dr Unit 10 Everett, WA 98203
Full name, age, relationship, address



Dated: 05/16/19

Aaron B Richards
Affiant's full name

(360) 972-8883
Telephone number

4807 Vesper Dr unit 10

Everett ^{Street} WA 98203
City State Zip Code

[Signature] 05/16/19
Signature Date

State of WA County of skagit

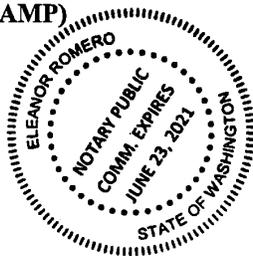
I know or have satisfactory evidence that Aaron B Richards
(name of person)

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: 5/16/2019

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Burlington

Notary Public in and for the State of WA

My appointment expires: 6/23/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 07/18/2018
FEE NUMBER: 12703

CERTIFICATE NUMBER: 2017-057347

FIRST AND MIDDLE NAME(S): PAMELA OPAL
LAST NAME(S): RICHARDS-AVILA

COUNTY OF DEATH: KING
DATE OF DEATH: DECEMBER 29, 2017
HOUR OF DEATH: 03:10 PM
SEX: FEMALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER [REDACTED]

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

BIRTH DATE [REDACTED]
BIRTHPLACE: WHIDBEY ISLAND, WA

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

OCCUPATION: COOK
INDUSTRY: FOOD SERVICE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: AARON RICHARDS
RELATIONSHIP: SON
ADDRESS: 846 TAYLOR LANE, UNIT 1-01, SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE
INTERVAL: 3 MONTHS
B: LAMBERT EATON MYASTHENIC SYNDROME
INTERVAL: 3 MONTHS
C: SMALL CELL LUNG CANCER
INTERVAL: MONTHS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ENCEPHALOPATHY, MORBID OBESITY, STAPHYLOCOCCAL PNEUMONIA, HYPONATREMIA

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: SWEDISH MEDICAL CENTER - FIRST HILL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

RESIDENCE STREET: 809 BORSETH ST APT A4
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-1449
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: IKE RICHARDS SR
MOTHER/PARENT: JOSEPHINE [REDACTED]

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

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: JANUARY 10, 2018

FUNERAL FACILITY: SIMPLE CREMATION OF SEATTLE

ADDRESS: 1700 SEVENTH AVE, STE 2100
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101
FUNERAL DIRECTOR: ALYSSA H. MEAD

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DARRAGH SHANE O'MAHONY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 747 BROADWAY
CITY, STATE, ZIP: SEATTLE, WA 98122
DATE SIGNED: JANUARY 05, 2018

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

LOCAL DEPUTY REGISTRAR: RUTH ROBERSON
DATE RECEIVED: JANUARY 10, 2018



Affidavit for Correction

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
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last Suffix			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last Suffix	
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: P.O. Box or Street Address City State Zip				
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 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

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)

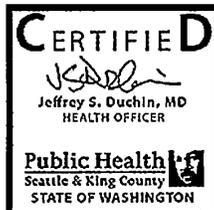
Death Certificates

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



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



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