

JONES BUTLER DOLAN, PS  
P.O. Box 2784  
Mount Vernon, WA 98273  
360-336-2939



201909110023

09/11/2019 10:48 AM Pages: 1 of 4 Fees: \$106.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2019/09/11  
SEP 11 2019

Amount Paid \$  
Skagit Co. Treasurer  
By *MG* Deputy

**LACK OF PROBATE AFFIDAVIT  
COMMUNITY PROPERTY**

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**Document Title:** Lack of Probate Affidavit – Community Property  
**Grantor:** John Francis McDermott, deceased  
**Grantee:** Gail Marie McDermott, a single woman  
**Assessor Parcel No:** P81180 / 4390-000-033-0001  
**Abbreviated Legal:** COLLEGE MEADOW DIV 2 LT 33  
**Reference No:** 8907180056

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STATE OF WASHINGTON )  
 ) ss:  
COUNTY OF SKAGIT )

Gail Marie McDermott, being first duly sworn, declares as follows:

**1. Status.** I am the surviving spouse of John Francis McDermott, who died on March 6, 2019, in Skagit County, Washington, then being a resident of Skagit County, State of Washington. A certified copy of his Death Certificate is attached to this Affidavit.

**2. Real Property.** Decedent left a community interest in the real property fully described as follows:

Lot 33, "COLLEGE MEADOWS DIVISION NO. 2," per plat recorded January 17, 1979 under Auditor's File No. 894876, in Volume 12 of Plats, pages 42 and 43, Records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Decedent and I acquired the real property as community property by a Statutory Warranty Deed dated July 13, 1989 and recorded under Skagit County Recording No. 8907180056.

**3. Decedent's Will & Probate.** Decedent left a Last Will and Testament which has not been Probated or Revoked. Decedent left his entire estate to me as his surviving spouse.

**4. Character and Value of Decedent's Estate.** The estimated value of Decedent's share of this property at death was one hundred twenty two thousand, fifty dollars (\$122,050), consisting of his share of community property interest in real property.

**5. Decedent's Debts & Expenses.** All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

**6. Federal Estate Tax.** Decedent's estate was not liable for federal estate tax.

**7. Washington Estate Tax.** Decedent's estate was not liable for Washington estate tax.

**8. Washington Assistance.** Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

**9. Purpose of Affidavit.** I am making this Affidavit to induce any title insurance company in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was Decedent's and my community property.

Dated this 10<sup>th</sup> day of September, 2019.

*Gail Marie McDermott*  
GAIL MARIE MCDERMOTT  
320 South 25<sup>th</sup> Street  
Mount Vernon, WA 98274

STATE OF WASHINGTON     )  
  ) ss.  
COUNTY OF SKAGIT        )

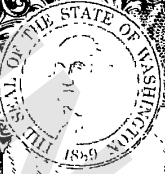
I certify that I know or have satisfactory evidence that Gail Marie McDermott is the person who appeared before me, and she acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 10<sup>th</sup> day of September, 2019.

ROSIE GATES-MALONE  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
MARCH 5, 2021

*Rosie Gates Malone*  
ROSIE GATES-MALONE  
Notary Public  
In and for the State of Washington  
My appointment expires: 03-05-2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-010694

DATE ISSUED: 03/11/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN FRANCIS  
LAST NAME(S): MCDERMOTT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 06, 2019  
HOUR OF DEATH: 01:20 PM  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 320 SOUTH 25TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: OMAHA, NE

FATHER/PARENT: DEAN MCDERMOTT  
MOTHER/PARENT: LORRAINE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: GAIL RUSCO

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

OCCUPATION: DISTRICT MANAGER  
INDUSTRY: RETAIL  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MARCH 11, 2019

INFORMANT: GAIL MCDERMOTT  
RELATIONSHIP: WIFE  
ADDRESS: 320 SOUTH 25TH ST MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

CAUSE OF DEATH:  
A: ACUTE HYPOXEMIC RESPIRATORY FAILURE  
INTERVAL: DAYS  
B: SQUAMOUS CELL CARCINOMA OF THE LUNG  
INTERVAL: MONTHS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: UNCONTROLLED TYPE 2  
DIABETES, RHEUMATOID ARTHRITIS

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

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

CERTIFIER NAME: ROBERT W. COONEY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: MARCH 10, 2019

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: MARCH 11, 2019



# Affidavit for Correction

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

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

### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<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:**

<b>The record now shows:</b>		<b>The true fact is:</b>	
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:      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\*

MAR 11 2019

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



0 2 1 3 7 2 2 9

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