

DOCUMENT TITLE: AFFIDAVIT (LACK OF PROBATE
LEGAL DESC.: LOT 2, LIVERMORE'S HAMILTON ACREAGE
TAX PARCEL NO(S): P67258 / 3947-000-002-0107

AFFIDAVIT (LACK OF PROBATE)

DANNY D. MOODY, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below and is a surviving son of BRICE B. MOODY, deceased, who died on January 8, 1994, in Sedro-Woolley, Skagit County, Washington. (Death Certificate Attached)

REGARDING DISPOSITION OF REAL PROPERTY:

Legal description of the property, located at 7749 Scott Paper Rd., Sedro-Woolley, WA 98284:

LOT 2, LIVERMORE'S HAMILTON ACREAGE AS PER PLAT RECORDED IN VOLUME
3 OF PLATS, PAGE 87, RECORDS OF SKAGIT COUNTY WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P67258 / 3947-000-002-0107

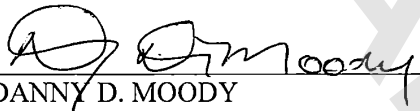
1. Decedent left no Last Will and Testament.
2. The heirs of Brice D. Moody are listed as follows:

TOM L. MOODY; ROBERTA KAY MELTON; GAYLE MOODY (as the surviving heir of MACK R. MOODY, deceased); LONNIE LAWLER and WAYNE LAWLER (as the surviving heirs of DOROTHY M. LAWLER, deceased); BRUCE MOODY, RON MOODY, DENNIS MOODY and JILL LUSSIER (as the surviving heirs of EDWARD C. MOODY, deceased); MACK MANI and ROGER MANI (as the surviving heirs of NELLIE B. MANI, deceased); SHIRLEY MOODY and TERRY HAUENSTEIN (as the surviving heirs of JAMES B. MOODY, deceased); CHUCK GALLAGHER, JOHN

GALLAGHER, JOHN GALLAGHER, ARLENE RIDDLE and KELLIE SULLIVAN
(as the surviving heirs of BONNIE J. GALLAGHER, deceased).

3. All the debts of the decedent's, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows: None
4. The decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
5. As of the date of death, the value of all property of decedent was approximately \$100,000.00.
6. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction: None


DATED: October 23rd, 2019.


DANNY D. MOODY

STATE OF WASHINGTON)
) ss.
County of Skagit)

On this day personally appeared before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, DANNY D. MOODY, to me known to be the individual who executed the foregoing instrument, and acknowledged the said instrument to be his free and voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal this 23rd day of October, 2019.


NOTARY PUBLIC in and for the State of
Washington, residing at 2000 Jackson
My appointment expires 6-8-23.
Page 2 of 2 – Affidavit – Lack of Probate



STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

31

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

4 01579
STATE FILE NUMBER

1. NAME First Middle Last BRICE BURRETT MOODY	2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) January 8, 1994
4. AGE LAST BIRTHDAY (Yrs) 91	5. UNDER 1 YEAR MOS DAYS 91	6. UNDER 1 DAY HOURS MINS 91
7. BIRTHDATE (Mo, Day, Yr) January 8, 1903	8. BIRTHPLACE (City, State or Foreign Country) Oklahoma	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No
10. COUNTY OF DEATH Skagit	11. CITY, TOWN OR LOCATION OF DEATH Sedro Woolley	12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Skagit Valley Convalescent Center
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed	15. SURVIVING SPOUSE (if wife, give maiden name) Euphie
16. SOCIAL SECURITY NO. 123-45-6789	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 3 College (1-4 or 5+) 3	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Tree Faller
19. KIND OF BUSINESS OR INDUSTRY Timber	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) White
22. RESIDENCE—NUMBER AND STREET 751 Medford Road	23. CITY/TOWN, OR LOCATION Sedro Woolley	24. INSIDE CITY LIMITS? (Yes / No) No
25. COUNTY Skagit	26. LENGTH OF RES. IN CO. 71 yrs	27. STATE WA
28. ZIP CODE 98284	29. FATHER'S NAME—FIRST, MIDDLE, LAST John Moody	30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Euphie
31. INFORMANT—NAME Nellie Mani	32. MAILING ADDRESS 3181 Hiway 20 Sedro Woolley WA 98284	33. DATE (Mo, Day, Yr) Jan 12, 1994
34. CEMETERY/CREMATORY—NAME Hamilton Cemetery	35. LOCATION—CITY/TOWN, STATE Hamilton, Washington	36. FUNERAL DIRECTOR SIGNATURE Richard L. Loney
37. NAME OF FACILITY Lemley Chapel	38. ADDRESS OF FACILITY 1008 3rd St Sedro Woolley, WA 98284	39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN SIGNATURE AND TITLE John E. Dugaw, MD
40. DATE SIGNED (Mo., Day, Yr) January 10, 1994	41. HOUR OF DEATH (24 Hrs.) 2330 hrs.	42. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE John E. Dugaw, MD
43. DATE SIGNED (Mo., Day, Yr) January 10, 1994	44. HOUR OF DEATH (24 Hrs.) 2330 hrs.	45. HOUR OF DEATH (24 Hrs.) 2330 hrs.
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John E. Dugaw, MD	47. PRONOUNCED DEAD (Mo., Day, Yr) January 10, 1994	48. HOUR PRONOUNCED DEAD (24 Hrs.) 2330 hrs.
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) John E. Dugaw, MD 700 Murdock St. Sedro Woolley, WA 98284	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. Congestive Heart failure Coronary artery disease OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Renal insufficiency	51. INTERVAL BETWEEN ONSET AND DEATH 2 wks- 2 yrs years-
52. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) No	53. INJURY DATE (Mo, Day, Yr) January 8, 1994	54. HOUR OF INJURY (24 Hrs.) 2330 hrs.
55. INJURY AT WORK? (Yes / No) No	56. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) Home	57. DESCRIBE HOW INJURY OCCURRED: Heart failure
58. INJURY AT WORK? (Yes / No) No	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) Home	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE 3181 Hiway 20 Sedro Woolley WA 98284
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE 1-12-94	62. REGISTRAR SIGNATURE Katherine M. Loney	63. DATE RECEIVED (Mo., Day, Yr) 01-12-94

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

10/24/2019 12:17 PM Page 4 of 4
 Washington State Department of 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:
	First	Middle	Last	Month/Day/Year
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First	Middle	Last/Middle	First
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital				
Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address:
PO Box or Street 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 2nd 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

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

Child under 18 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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
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- *To change any part of the name of a child using this form, 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

- 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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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
- 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 January 2015



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

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 Jean Remsbeck, State Registrar.

Jean Remsbeck

ISSUED

AUG 23 2019



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