

Return Address:

Sylvia Woods
14227 58th Dr NE
Marysville, Wa 98271



202010260112

10/26/2020 09:46 AM Pages: 1 of 9 Fees: \$111.50
Skagit County Auditor

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sylvia Woods, 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 Daughter

of Dolores McDaniel, who died on 02/16/2020
Decedent/Grantor *Relationship to decedent* *Date*
at Escondido San Diego CA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Cape Horn on the Skagit, Lot 29, Blk A.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20201026
OCT 26 2020

Amount Paid \$
By MA Skagit Co. Treasurer Deputy

Assessor's Property Tax Parcel/Account Number: P62883
(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 2)

Full name, age, relationship, address

Sylvia Woods 56 Daughter
14227 58th Drive NE Marysville, Wa. 98271

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 10/26/2020
Sylvia Ann Marie Woods

Affiant's full name
425-314-5692

Telephone number
14227 58th Dr. NE

Marysville	Street WA	98271
City	State	Zip Code
<u>Sylvia Woods</u>	<u>10/23/2020</u>	
Signature	Date	

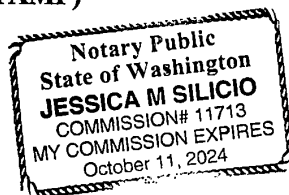
State of WA County of Snohomish

I know or have satisfactory evidence that Sylvia Woods
(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: 10/23/2020

(SEAL OR
STAMP)



[Signature]
Signature of Notary Public

Residing at: Arlington WA

Notary Public in and for the State of WA

My appointment expires: 10 / 11 / 2024

Return Address:

Sylvia Woods
14227 58th Dr NE
Marysville, WA 98271

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sylvia Woods, 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 Daughter

Relationship to decedent

of William F. McDaniel, who died on 10/27/2014

Decedent/Grantor

Date

at Arlington

Snohomish

WA

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

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(Attach full legal description of the property)

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necessary)

(Page 1 of _____)

Full name, age, relationship, address

Dolores McDaniel, 82 Wife

Full name, age, relationship, address

Sylvia Woods 56 Daughter 14227 58th Dr. NE
Marysville, Wa. 98271

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 10/23/2020
Sylvia Ann Marie

Affiant's full name
425-314-5692

Telephone number
14227 58th Dr. NE

Marysville	Street WA	98271
City	State	Zip Code
<u>Sylvia Woods</u>	<u>10/23/2020</u>	
Signature	Date	

State of WA County of Snohomish

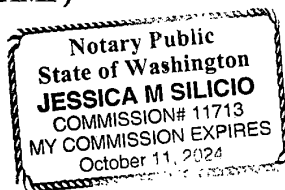
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(name of person)

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: 10/23/2020

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Arlington, WA

Notary Public in and for the State of WA

My appointment expires: 10/11/2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2014-024838

LOCAL FILE NUMBER: 3781

DATE ISSUED: 08/13/2018

FEE NUMBER: 310818

FIRST AND MIDDLE NAME(S): WILLIAM FLOYD
LAST NAME(S): MCDANIELCOUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: OCTOBER 27, 2014
HOUR OF DEATH: 08:25 AM
SEX: MALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SPOUSE: DOLORES SYLVIA DAYOCCUPATION: FIRE CHIEF
INDUSTRY: FIRE PREVENTION
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YESINFORMANT: SYLVIA A.M. ROSS
RELATIONSHIP: DAUGHTER
ADDRESS: 14227 58TH DRIVE NE, MARYSVILLE, WA 98271CAUSE OF DEATH:
A: URINARY TRACT INFECTION LEADING TO SEPSIS
INTERVAL: 3 DAYS
B: CHRONIC RENAL FAILURE
INTERVAL: YEARS
C: DIABETES MELLITUS
INTERVAL: > 20 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: C DIFF COLITIS

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: HOME
FACILITY OR ADDRESS: 3311 182ND ST NE
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223RESIDENCE STREET: 3311 182ND ST NE
CITY, STATE, ZIP: ARLINGTON, WA 98223
INSIDE CITY LIMITS: NO COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER/PARENT: VIRGIL SPRAGUE MCDANIEL
MOTHER/PARENT: ELLEN MARIE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORYCITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 03, 2014

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3803 132ND PL NE
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98271
FUNERAL DIRECTOR: JUDY A. JEWELLMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: ANDREA DROWN, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2901 174TH ST NE
CITY, STATE, ZIP: SMOKEY POINT, WASHINGTON 98271
DATE SIGNED: OCTOBER 31, 2014CASE REFERRED TO ME/CORONER:
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: KELLY CANNON
DATE RECEIVED: NOVEMBER 03, 2014



Affidavit for Correction

10/26/2020 09:46 AM Page 8 of 9

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

 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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Required	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/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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: 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

- 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

- 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)

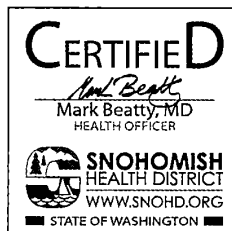
Death Certificates

- 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.
- 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 October 2015


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


0 2 4 6 4 5 0 6

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3202037003099

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (3 very)		3. LAST (Family)	
DOLORES		MCDANIEL	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
SYLVIA		02/28/1931	
5. AGE Yrs		6. SEX	
88		F	
7. DATE OF DEATH mm/dd/yyyy			
02/16/2020			
8. HOUR (24-hour)			
0855			
9. BIRTH DATE/FORIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
WA		532-30-6265	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SP/3M at Time of Death	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WIDOWED	
13. DECEDENT'S RACE - Use to 3 races may be listed (see example last on back)		14. DECEDENT'S RACE - Use to 3 races may be listed (see example last on back)	
10		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
17. YEARS IN OCCUPATION		18. YEARS IN INDUSTRY	
70			
19. DECEDENT'S RESIDENCE (Street and number, or apartment)			
11545 WINDCREST LANE APT 210			
20. CITY		21. COUNTY/PROVINCE	
SAN DIEGO		SAN DIEGO	
22. ZIP CODE		23. YEARS IN COUNTY	
92128		1	
24. STATE/FORIGN COUNTRY		25. STATE/FORIGN COUNTRY	
CA		CA	
26. INFORMANT'S NAME, RELATIONSHIP			
SYLVIA WOODS, DAUGHTER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
2108 WETMORE AVENUE, EVERETT, WA 98201			
28. NAME OF SURVIVING SPOUSE/SP/3M - FIRST		29. MIDDLE	
30. LAST (BIRTH NAME)		31. BIRTH STATE	
		UNK	
32. NAME OF FATHER/PARENT - FIRST		33. MIDDLE	
ARTHUR		HARVEY	
34. LAST		35. BIRTH STATE	
DAY		UNK	
36. NAME OF MOTHER/PARENT - FIRST		37. MIDDLE	
EFFIE		LULA	
38. LAST (BIRTH NAME)		39. BIRTH STATE	
BIRDWELL		UNK	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION	
02/20/2020		RESIDENCE OF SYLVIA WOODS	
42. TYPE OF DISPOSITION(S)		43. LICENSE NUMBER	
CR/TR/RES		NOT EMBALMED	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
ACCUCARE CREMATION & FUNERALS		FD1528	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
WILMA J WOOTEN, MD MPH		02/20/2020	
101. PLACE OF DEATH			
LIFE CARE CENTER OF ESCONDIDO			
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> OCA		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other	
104. COUNTY		105. CITY	
SAN DIEGO		ESCONDIDO	
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		107. CAUSE OF DEATH	
1980 FELICITA ROAD		Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or death on arrival at hospital or other facility. (See back) ABBREVIATE	
108. IMMEDIATE CAUSE (If no disease or condition resulting in death)		109. DEATH REPORTED TO CORONER?	
(A) METASTASIS TO BONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) ADENOCARCINOMA OF UNKNOWN PRIMARY		110. BICOPSY PERFORMED?	
(C)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		111. AUTOPSY PERFORMED?	
(E)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
DEMENTIA OF ALZHEIMER'S DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		115. SIGNATURE AND TITLE OF CERTIFIER	
NO		NAYANA TRIVEDI TRIVEDI M.D.	
116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
Decedent Attending Since		NAYANA TRIVEDI TRIVEDI M.D.	
Decedent Last Seen Alive		6155 CORNERSTONE CT EAST STE 220, SAN DIEGO, CA 92121	
118. DATE mm/dd/yyyy		119. DATE mm/dd/yyyy	
01/31/2020		02/16/2020	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		121. REQUIRED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. SIGNATURE DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. SIGNATURE DATE mm/dd/yyyy	
126. LOCATION OF INJURY (Street and number, or location, and city, state, and zip)		127. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER	
128. SIGNATURE OF CORONER / DEPUTY CORONER		129. DATE mm/dd/yyyy	
130. SIGNATURE OF REGISTRAR		131. DATE mm/dd/yyyy	

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma J. Wooten M.D.

DATE ISSUED: 2/25/2020 WILMA J. WOOTEN, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS
County of San Diego



A003620046

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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