



202010260214

10/26/2020 04:09 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 1620 Gateway Heights Place, Sedro Woolley, WA 98284
Legal: LOT 6, SAUK MOUNTAIN VIEW ESTATES NORTH
Tax Parcel # P133157 / 6033-000-006-0000

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, PEGGY S. FARRELL, executes this affidavit relating to the estate of JACK D. FARRELL, the Decedent, who died on August 9, 2019, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

PEGGY S. FARRELL, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- The lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- Other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Peggy S. Farrell 1620 Gateway Heights Place Sedro Woolley, WA 98284	legal	spouse

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

LOT 6, SAUK MOUNTAIN VIEW ESTATES NORTH – A PLANNED RESIDENTIAL DEVELOPMENT PHASE V AND PLAT ALTERATION OF PHASE IV, recorded March 18, 2016 under Auditor's File No. 201306180044, records of Skagit County, Washington.

Situated in Skagit County, Washington.

5. Status of the Will (if any)

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent's estate is not being probated.

The decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

- (1) Share of surviving spouse or state registered domestic partner.
The surviving spouse or state registered domestic partner shall receive the following share:

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-035364

DATE ISSUED: 08/12/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JACK DOYLE
LAST NAME(S): FARRELL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 09, 2019
HOUR OF DEATH: 02:59 AM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SAN DIEGO, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PEGGY WILSON

OCCUPATION: CLAIMS ADJUSTER
INDUSTRY: INSURANCE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: PEGGY FARRELL
RELATIONSHIP: WIFE
ADDRESS: 1620 GATEWAY HEIGHTS PLACE SEDRO WOOLLEY, WA

CAUSE OF DEATH:
A: END STAGE RENAL DISEASE
INTERVAL: YEARS
B: ATHEROSCLEROTIC ARTERY DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE

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: 1620 GATEWAY HEIGHTS PLACE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1620 GATEWAY HEIGHTS PLACE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: CECIL FARRELL
MOTHER/PARENT: DOROTHY [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 14, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 09, 2019

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 12, 2019



Affidavit for Correction

10/26/2020 04:09 PM Page 5 of 5
Merrill Center 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

Required information must match current information on record

Record Type: Birth Death Marriage 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 Birth 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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO 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:

8. The record now shows: 9. The true fact is:
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 2nd parent (if required):
Printed name: Date: Printed name: 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 Adult (18 years or older)
- 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
 - 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 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



CERTIFIED

AUG 12 2019

Handwritten signature

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



0 3 2 6 2 4 5 0

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