

After recording, return to:  
Lawrence A. Darienzo  
27877 W Gilligan Creek Rd  
Sedro Woolley, WA 98284

CHICAGO TITLE  
620048488

Grantor (Name of Decedent): LORRAINE CLARK D'ARIENZO  
Grantee (Heirs): LAWRENCE A. D'ARIENZO  
Abbreviated Legal Description: LT 3, SP NO. 96-72, BEING A PTN. SW NW, SEC. 17-35-11E, W.M.  
Tax Parcel No.(s): P109264 / 351117-2-001-0500

### INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington  
COUNTY OF Skagit

The undersigned, LAWRENCE A. D'ARIENZO, executes this affidavit relating to the estate of LORRAINE CLARK D'ARIENZO (herein "Decedent"), who died on JUNE 3, 2016, in the County of SKAGIT, State of WA, then being a resident of the City of SEDRU WOOLLEY, County of SKAGIT, State of WA.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

#### Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ Surviving child of the Decedent  
☐ One (1) 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:) \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: LAWRENCE A. D'ARIZENZO HUSBAND

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☒ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

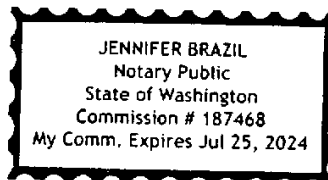
Lawrence A. D'Arizenzo  
Signature

LAWRENCE A. D'ARIZENZO  
Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on July 15, 2021 by \_\_\_\_\_  
LAWRENCE A. D'ARIZENZO (name of person making statement)



Jennifer Brazil  
Name: Jennifer Brazil  
Notary Public in and for the State of Washington,  
Residing at: Skagit County  
My appointment expires: 7-25-2024

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P109264 /**  
**351117-2-001-0500**

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Lot 3 of Short Plat No. 96-072, recorded under recording number 9609050008 in Volume 12 of Short Plats, pages 140 and 141; being a portion of the Southwest quarter of the Northwest quarter of Section 17, Township 35 North, Range 11 East, W.M.

Situate in the County of Skagit, State of Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

File Number <b>458-10</b>		Washington State Certificate of Death		State File Number <b>2010 61632</b>	
1. Legal Name (include initials) First Middle LAST Suffix <b>Lorraine Clark D'Arienzo</b>				2. Death Date <b>June 3, 2010</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>60 Years</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. County of Death <b>Skagit</b>	
6a. Birthplace (City, Town, or County) <b>Baltimore</b>		6b. (State or Foreign Country) <b>Maryland</b>		6. Decedent's Education <b>Bachelors Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 524 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>27877 West Gilligan Creek Road</b>				13b. City or Town <b>Sedro-Woolley</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98284</b>
14. Estimated length of time of residence: <b>39 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Lawrence A. D'Arienzo</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIREE)) <b>Sourcing Assistant</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Commercial Food Production</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Edward Green</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>May</b>		
21. Informant's Name <b>Lawrence A. D'Arienzo</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>27877 West Gilligan Creek Road Sedro-Woolley WA 98284</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>					
25. Facility Name (If not a facility, give number & street or location) <b>27877 West Gilligan Creek Road</b>			26a. City, Town, or Location of Death <b>Sedro-Woolley</b>		26b. State <b>WA</b>
26c. Zip Code <b>98284</b>			27. Zip Code <b>98284</b>		
28. Method of Disposition <b>Cremation</b>			29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>First Cremation Services, LLC</b>		
30. Location-City/Town, and State <b>Kent, Washington</b>			31. Name and Complete Address of Funeral Facility <b>Affordable Burial &amp; Cremation Services, 1104 19th SR-536 Mount Vernon, WA 98273</b>		
32. Date of Disposition <b>6/10/10</b>			33. Funeral Director Signature <i>[Signature]</i>		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. <b>breast cancer</b> Interval between Onset & Death <b>12 yrs</b> Due to (or as a consequence of): Interval between Onset & Death <b>12 yrs</b> Sequentially list conditions, if any, leading to the cause listed on line b. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>breast cancer</b> Interval between Onset & Death <b>12 yrs</b> Due to (or as a consequence of): Interval between Onset & Death <b>12 yrs</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: Country: State: Zip Code + 4:			46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated <i>[Signature]</i> <b>NR MD</b>		
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Dr. Kiarash Kajouri M.D. 307 So 13th St. #100 Mount Vernon, WA 98273</b>		
50. Hour of Death (24hrs) <b>0740 Hours</b>			51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (mm/dd/yyyy) <b>6/10/10</b>			53. Title of Certifier <b>Physician/Oncologist</b>		
54. License Number <b>MD 60078181</b>			55. ME/Coroner File Number <b>NJA 10-256</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i> <b>Deputy</b>			58. Date Received (mm/dd/yyyy) <b>JUN - 9 2010</b>		
59. Amendments					

**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
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**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 Birth 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: 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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
8.	9.
10.	11.
12.	13.

**I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.**

14a. Signature:	14b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

**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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship.
  - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
  - To correct the sex of the child, one proof documentation from a medical provider 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.

**Adult (18 years or older)**

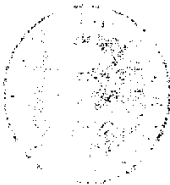
- Only the adult can change their own birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

**Death Certificates**

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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 Remsbecker, State Registrar.

*Jean Remsbecker*

**ISSUED****JUN 30 2021**

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