

202110210021

10/21/2021 09:39 AM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

After recording, return to:  
Keris Daman  
The Daman Living Trust dated February 2, 2021  
1333 9th Ave N  
Edmonds, WA 98020

CHICAGO TITLE  
620049071

Grantor (Name of Decedent): Ryan Daman  
Grantee (Heirs): Keris Daman  
Abbreviated Legal Description: Lot(s): 4, Short Plat No. PL-01-0346 in NW, 27-35-4E, W.M.  
Tax Parcel No.(s): P118586 / 350427-2-015-0400, P108054/ 350427-2-015-0200 and P117797/  
350427-2-015-0300

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

STATE OF WA  
COUNTY OF Skagit

The undersigned, Keris Daman, executes this affidavit relating to the estate of Ryan Daman (herein "Decedent"), who died on 8/22/2020, in the County of Skagit, State of WA, then being a resident of the City of Sedro 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.

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

other (identify): \_\_\_\_\_

**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: Keris Daman, spouse

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:

Lot 4 of Short Plat PL-01-0346, approved July 17, 2002, recorded July 17, 2002, under Skagit County

Auditor s File No. 200207170088, being a portion of the East 1/2 of the Northwest 1/4 of Section 27, Township 35 North, Range 4 East, W.M., Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

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.

  
Signature

Keris Daman  
Print Name

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

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 10-19-2021 by Keris Daman  
(name of person making statement).

NOTARY PUBLIC  
STATE OF WASHINGTON  
ALYSIA HUDSON  
License Number 183699  
My Commission Expires 03-01-2024

Alysia Hudson  
Name: Alysia Hudson  
Notary Public in and for the State of Washington,  
Residing at: Arington  
My appointment expires 03-01-2024

**EXHIBIT "A"**

**Order No.:** 620049071

**For APN/Parcel ID(s):** P118586 / 350427-2-015-0400, P108054/ 350427-2-015-0200 and P117797/  
350427-2-015-0300

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Lot 4 of Short Plat PL-01-0346, approved July 17, 2002, recorded July 17, 2002, under Skagit County Auditor s File No. 200207170088, being a portion of the East ½ of the Northwest ¼ of Section 27, Township 35 North, Range 4 East, W.M., Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



DATE ISSUED: 08/25/2020  
FEE NUMBER:

CERTIFICATE NUMBER: 2020-038748

FIRST AND MIDDLE NAME(S): RYAN WILIAM  
LAST NAME(S): [REDACTED]

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 22, 2020  
HOUR OF DEATH: 02:55 PM  
SEX: MALE AGE: 45 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 08, 1975  
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KERIS DAWN BUSH

OCCUPATION: SALES  
INDUSTRY: MANUFACTURING  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

INFORMANT: KERIS DAWN HORDYK  
RELATIONSHIP: WIFE  
ADDRESS: 10437 RIDGE PLACE SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: GUN SHOT WOUND OF HEAD  
INTERVAL: SECONDS TO MINUTES  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: AUGUST 22, 2020  
HOUR OF INJURY: 02:41 PM PRESUMED  
INJURY AT WORK: NO  
PLACE OF INJURY: RIVER BANK

LOCATION OF INJURY: SOUTH SKAGIT HIGHWAY UNDER OVER PASS OF

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: SELF-INFLICTED GUNSHOT WOUND

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE  
FACILITY OR ADDRESS: S SKAGIT HIGHWAY UNDER OVER PASS OF  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 10437 RIDGE PLACE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: DANIEL JOSEPH DAMAN  
MOTHER: CATHERINE L [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 24, 2020

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

MANNER OF DEATH: SUICIDE  
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: DEBORAH HOLLIS  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: AUGUST 23, 2020

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 200822-512  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 24, 2020



# Affidavit for Correction

10/21/2021 09:39 AM Page 1 of 3  
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

<b>Required</b>	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:

The record currently shows:		The true fact is:	
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 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

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 form 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 Acknowledgement 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.

#### 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 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.

\*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.

#### 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.



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

# \*CERTIFIED\*

AUG 25 2020

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



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