

After recording, return to:  
Marcella Sheridan

17200 W Bell Rd #1611  
Surprise, AZ 85374

**CHICAGO TITLE**

620051923

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 07/29/2022

Grantor (Name of Decedent): David Jordan Sheridan

Grantee (Heirs): Marcella G. Sheridan

Abbreviated Legal Description: LT. 10, LAXDAL ADDN

Tax Parcel No.(s): P67173 / 3943-000-010-0002

**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, Marcella G. Sheridan, executes this affidavit relating to the estate of David Jordan Sheridan (herein "Decedent"), who died on 8/26/2017, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon County of Skagit, State of Washington.

(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: Marcella G Sheridan Wife

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 10, "LAXDAL ADDITION, MOUNT VERNON, WASH., " AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 7, RECORDS OF 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.

Marcella G Sheridan  
Signature

Marcella G Sheridan  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on July 18, 2022 by Marcella G Sheridan  
(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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-037173

DATE ISSUED: 08/29/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID JORDAN  
LAST NAME(S): SHERIDAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 26, 2017  
HOUR OF DEATH: 03:55 PM  
SEX: MALE AGE: 68 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1910 OLIVE STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 1910 OLIVE STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, KING COUNTY, WA

FATHER/PARENT: MELVIN JORDAN SHERIDAN  
MOTHER/PARENT: RUBY [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: MARCELLA WEISS

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

OCCUPATION: DIRECTOR OF PUBLIC WORKS S C  
INDUSTRY: GOVERNMENT  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 29, 2017

INFORMANT: MARCELLA SHERIDAN  
RELATIONSHIP: WIFE  
ADDRESS: 1910 OLIVE STREET MOUNT VERNON WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

CAUSE OF DEATH:

- A: LARGE CELL NEUROENDOCRINE CARCINOMA OF THE LUNG  
INTERVAL: 4 MONTHS  
B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY FIBROSIS

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

DATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

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 28, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 28, 2017



# Affidavit for Correction

07/29/2022 04:01 PM  
Platteau 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

<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 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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:
3.	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 <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

**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

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. 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

1. 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.
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 documentary proof.
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.

DOH 422-034 October 2015



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

# \*CERTIFIED\*

AUG 29 2017

*Howard Lawrence*  
Snohomish County Health Department  
Howard Lawrence M.D., Health Officer



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