

Requested by and Return to:
Fidelity National Agency Solutions
6500 Pinecrest Drive, Suite 600
Plano, Tx 75024

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/22/2022

FNC-ARS-76240

Document Title(s): LACK OF PROBATE AFFIDAVIT

DECEDANT(s) : HARRY DENNIS FARLOW

AFFIANT(s) : Judith L. Farlow

Legal Description (Abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)
That portion of the North Half of the Northwest quarter of the Southeast quarter of the Southeast quarter of Section 14,
Township 35 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at the intersection of the West line of the Garden of Eden Road and the South line of said North Half of the
Northwest quarter of the Southeast quarter;

Thence West along the South line of said subdivision 125 feet;

Thence North parallel with the West line of said Garden of Eden Road a distance of 100 feet;

Thence East parallel with the South line of said subdivision 125 feet to the West line of said road;

Thence South along the West line of said road 100 feet to the point of beginning.

Situated in Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: P36676

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: _____, County: _____

FNC-AVS-76240
STATE OF WASHINGTON

SS:
COUNTY OF SKAGIT

The undersigned, JUDITH L. FARLOW, executes this affidavit relating to the estate of HARRY DENNIS FARLOW (herein "Decedent"), who died on MAY 18, 2020 in the County of SKAGIT, State of WASHINGTON then being a resident of the City of SEEDO-WOOLLEY, 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:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner 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): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. **all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship SCOTT RUSSELL FARLOW - SON
 Address: 2125 ONTARIO ST., BELLINGHAM, WA 98229
 Name & relationship KELLY KATHLEEN FARLOW MARCH - DAUGHTER
 Address: UNKNOWN FID.S. OWSELY - 7446 GARDNER, BOISE, ID 83714
 Name & relationship PATRICIA BOTHEL - SISTER
 Address: 8313 122ND ST. E., PUYALLUP, WA 98373
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property
 Separate property
 Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - married to JUDITH L. FARLOW
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to JUDITH L. FARLOW
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
3. That the decedent left a Will, *a copy of which is attached hereto.*
 That the decedent left no Will.
 That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. *(if unrecorded, attach a copy)*
4. That the decedent's estate is not being probated.
 That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. That the decedent has not received assistance from the State of Washington for medical care.
 That the decedent has received assistance from the State of Washington for medical care.
 That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): NONE OWED - AS ALL WAS CLEARED & PAID THAT SAME YEAR - 2020

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 300,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 100,000, and including the value of Decedent's separate property, if any, of approximately \$ 100,000, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 500,000.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: July 12, 2022

Judith Lorenz Farlow
(Signature)

JUDITH LORENZ FARLOW
(Print or type full name)

8836 GARDEN OF EDEN RD.
(Full address and telephone number)

SEDDO-WOOLLEY, WA 98284

SUBSCRIBED and SWORN TO before me this _____ day of _____, 20____

Notary Public in and for the State of
Washington, residing at _____

ALL-PURPOSE ACKNOWLEDGMENT

State of Washington
County of Shawano

On 8/16/2022 before me, Betty W McNeely
DATE NAME OF NOTARY PUBLIC

personally appeared Joshua F. Farlow
NAME(S) OF SIGNER(S)

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Place Notary Seal or Stamp Here

Betty W McNeely
SIGNATURE OF NOTARY

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it may prove valuable to persons relying on this Acknowledgment and could prevent fraudulent reattachment of this certificate to another document.

DESCRIPTION OF ATTACHED DOCUMENT

THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED AT RIGHT

Letter of Probate Affidavit
TITLE OR TYPE OF DOCUMENT
(State of Washington)

3
NUMBER OF PAGES

July 12, 2022
DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-023335

DATE ISSUED: 05/21/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HARRY DENNIS

LAST NAME(S): FARLOW

AKA: DENNIS FARLOW

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 18, 2020

HOUR OF DEATH: 05:10 PM

SEX: MALE

AGE: 85 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: HOLLYWOOD, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JUDITH LORENE SKINNER

OCCUPATION: HEAVY EQUIPMENT OPERATOR

INDUSTRY: ROAD CONSTRUCTION

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: JUDY L FARLOW

RELATIONSHIP: WIFE

ADDRESS: 8836 GARDEN OF EDEN ROAD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: FAILURE TO THRIVE

INTERVAL: 2 YEARS

B: HAIRY CELL LEUKEMIA

INTERVAL: 2 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANEMIA, PERIPHERAL VASCULAR DISEASE, CORONARY ARTERY DISEASE

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: HOSPITAL

FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 8836 GARDEN OF EDEN ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: DEAN DELBERT FARLOW

MOTHER: VIRGINIA MARY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MAY 22, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: RICK B. LEMLEY

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: SONG HONG, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

DATE SIGNED: MAY 20, 2020

CASE REFERRED TO MEACORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: SONG HONG, MD

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MAY 21, 2020



Affidavit for Correction

08/22/2022 09:32 Skagit County 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; 2. Date of Event; 3. Place of Event; 4. Father/Parent Full Birth Name; 5. Mother/Parent Full Birth Name; 6. Name of Person Requesting Correction; Relationship to Person on Record

7. Return Mailing 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

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

- 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
*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 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

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). 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

CERTIFIED

MAY 2 1 2020

Handwritten signature

Skagit County Health Department, Health Officer



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