

Return Address:

GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20223694
Date 09/07/2022

AFFIDAVIT (LACK OF PROBATE)(R)

The undersigned affiant/grantee Shelia D. Moore, being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Spouse
Relationship to decedent
of James David Moore, who died on 9-13-2019
Decedent/Grantor Date
at Sedro Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
Lot 3, Anderson-Hilde plat

Assessor's Property Tax Parcel/Account Number: P791646/4347-000-003-001
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Sheila Moore 71 wife 820 Dana Dr.
Sedro Woolley WA 98284
Full name, age, relationship, address

Dated: 9-1-22

Sheila Denise Moore

Affiant's full name

360 540 3696

Telephone number

820 Dance Dr.

Sedro Woolley WA 98284

City

Street

State

Zip Code

Sheila Moore

Signature

9-1-22

Date

State of Washington County of Skagit

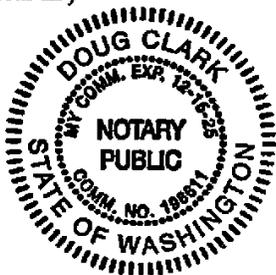
I know or have satisfactory evidence that Sheila Moore
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9/1/22

Doug Clark
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Sedro Woolley WA

Notary Public in and for the State of WA.

My appointment expires: 12/2025

Exhibit "A"
Property Description

Lot 3, Anderson-Hilde Plat, according to the plat thereof recorded in Volume 11 of Plats, page 50, records of Skagit County, Washington.

Situate in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 09/23/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-040405

FIRST AND MIDDLE NAME(S): JAMES DAVID
LAST NAME(S): MOORE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 13, 2019
HOUR OF DEATH: 10:15 AM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: TRANSYLVANIA COUNTY, NC

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHELIA DENISE BUCHANAN

OCCUPATION: LABORER
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: SHELIA DENISE MOORE
RELATIONSHIP: WIFE
ADDRESS: 820 DANA DRIVE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A. METASTATIC PROSTATE CANCER
INTERVAL: YEARS
B. SECONDARY MALIGNANT NEOPLASM OF BONE
INTERVAL: YEARS
C. SECONDARY MALIGNANT NEOPLASM OF LUNG
INTERVAL: YEARS
D. SECONDARY MALIGNANT NEOPLASM OF LYMPH NODE
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 820 DANA DRIVE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 820 DANA DRIVE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: JAMES EMMET MOORE
MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 16, 2019

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

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: MAREN MANSFIELD, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: SEPTEMBER 13, 2019

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: SEPTEMBER 16, 2019

DOI 422-132 (9/18)

NOT VALID IF PHOTOCOPIED OR REPRODUCED

Affidavit for Correction
 This is a legal document. Complete in ink and do not alter.
 Mail to: Center for Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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 (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: _____

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: |
|-----------------------|-------------------|
| 8. _____ | 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 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

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 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

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

SEP 23 2019

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

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



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