

After recording, return to:

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/21/2022

**CHICAGO TITLE
620052118**

Grantor (Name of Decedent): Richard F. Delaney
Grantee (Heirs): Sharel L. Delaney
Abbreviated Legal Description: TRACT 3, GLENWOOD ACRES PLAT
Tax Parcel No.(s): P65552 / 3919-000-003-0001

**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, Sharel L. Delaney, executes this affidavit relating to the estate of Richard F. Delaney (herein "Decedent"), who died on December 16, 2018 in the County of Skagit, State of Washington, then being a resident of the City of Sero 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:

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: Sharel L. Delaney, 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:

TRACT 3, GLENWOOD ACRES PLAT, SKAGIT COUNTY, WASHINGTON", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 95, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION 23, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M.

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.

Sharel L. Delaney
Signature

Sharel L. Delaney
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 S Lewis

Signed and sworn to (or affirmed) before me on 9-15-2022 by
Sharel L. Delaney

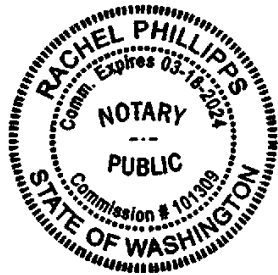
(name of person making statement)

Rachel Phillipps

Name: Rachel Phillipps

Notary Public in and for the State of Washington,
Residing at: Lewis County, WA

My appointment expires: 3-18-2024



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-055873

DATE ISSUED: 12/24/2018
FEE NUMBER: 311218

FIRST AND MIDDLE NAME(S): RICHARD FRANKLIN
LAST NAME(S): DELANEY

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: DECEMBER 15, 2018
HOUR OF DEATH: 05:40 PM
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

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

RESIDENCE STREET: 9556 GLENNWOOD ACRES RD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: TACOMA, WA

FATHER/PARENT: ROY DELANEY
MOTHER/PARENT: CAROL [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: SHAREL CALL

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CALL CREMATION SERVICES

OCCUPATION: METAL INSPECTOR
INDUSTRY: AEROSPACE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: DECEMBER 21, 2018

INFORMANT: SHAREL DELANEY
RELATIONSHIP: WIFE
ADDRESS: 9556 GLENNWOOD ACRES RD SEDRO-WOOLLEY, WA, 98284

FUNERAL FACILITY: SOLIE FUNERAL HOME, LLC
ADDRESS: 3301 COLBY AVE
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201
FUNERAL DIRECTOR: JON GORDON

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: YEARS
B: CORONARY ARTERY DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

TO BE USED ONLY IN CONNECTION
WITH CLAIM PENDING BEFORE
THE VETERANS ADMINISTRATION

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: JOHN HOLROYD, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY
CITY, STATE, ZIP: BELLINGHAM, WA 98225
DATE SIGNED: DECEMBER 19, 2018

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: LEAH DEVRIES
DATE RECEIVED: DECEMBER 20, 2018

Affidavit for Correction 09/21/2022 01:14 PM Page 5 of 5



This is a legal document. Complete in ink and do not alter.

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:
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)

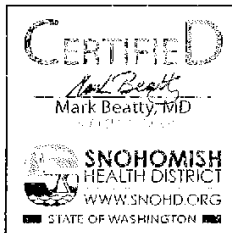
Death Certificates

- 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.

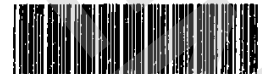
Marriage/Dissolution (Divorce) Certificates

- 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

DOH 422-034 January 2015



TO BE USED ONLY IN CONNECTION WITH CLAIM PENDING BEFORE THE VETERANS ADMINISTRATION



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