

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

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 12/05/2022

GNW 22-17213

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kathy moena, 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 Daughter
Relationship to decedent

of Georgia I Davis, who died on May 31, 2001
Decedent/Grantor Date

at Vancouver Clark Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: See Attached Exhibit A

Section 31, Township 36 North, Range 5 East - NW NE

Assessor's Property Tax Parcel/Account Number: P51155/360531-1-002-0309
(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)

(Page 1 of _____)

Kathy Roseann Moena, Daughter, 51
825 32nd Ave, Apt 28, Longview WA 98632
Full name, age, relationship, address

James Edward Davis, SON
3238 Whitney Drive, Oak Harbor, WA 98277
Full name, age, relationship, address

Terri Elaine Fann, Daughter
1211 29th St, Anacortes, WA 98221
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12-1-22

Kathy moena
Affiant's full name

Telephone number

Street

City State Zip Code

Kathy moena 12-1-22
Signature Date

State of Washington County of Cowlitz

I know or have satisfactory evidence that Kathy Moena
(name of person)

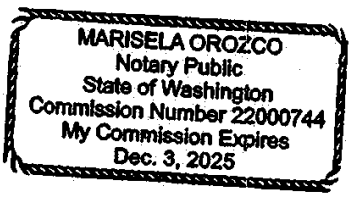
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12, 01, 22

Marisela
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Longview, WA



Notary Public in and for the State of Washington

My appointment expires: 12, 2025

EXHIBIT "A"
Property Description

Closing Date: November 11, 2022
Buyer(s): TK Restorations LLC
Property Address: 24623 Ranch Road, Sedro-Woolley, WA 98284

PROPERTY DESCRIPTION:

That portion of the Northeast 1/4 of Section 31, Township 36 North, Range 5 East, W.M., described as follows:

Beginning at the Northeast corner of said subdivision;
thence North 87°20'58" West along the North line of said subdivision, a distance of 1,645.0 feet to the true point of beginning;
thence South 1°08'36" West, a distance of 680.0 feet;
thence North 87°20'58" West, a distance of 323.00 feet;
thence North 1°08'36" East, a distance of 680.00 feet to an intersection with said North line of Section 31;
thence South 87°20'58" East along said North line, 323.00 feet to the true point of beginning.
(Also known as Tract 27 of HILL AND DALE RANCHETTE as recorded under Auditor's File No. 800321, records of Skagit County.)

TOGETHER WITH an easement for ingress and egress and utilities 60 feet in width, the centerline of which is described as follows:

Beginning at the existing monument at the Southwest corner of the Northeast 1/4 of Section 31, Township 36 North, Range 5 East, W.M.;
thence South 88°01'15" East along the South line of said Northeast 1/4, a distance of 1,314.37 feet to the
Southwest corner of the Southeast 1/4 of said Northeast 1/4;
thence continue South 88°01'15" East along said South line, a distance of 8.44 feet;
thence North 11°44'52" East 20.29 feet to the true point of beginning, said point being on the North margin of the County road (Fruitdale Road);
thence continue North 11°44'52" East along said centerline, a distance of 1,572.80 feet;
thence North 87°20'58" West, a distance of 309.03 feet to a point to be hereinafter referred to as "Point X";
thence North 89°20'00" West along said centerline, a distance of 1,009.93 feet, said point being the terminal point for the centerline of this easement.

Beginning at before mentioned "Point X";
thence North 01°08'36" East along said centerline, a distance of 340.00 feet to a point hereinafter

referred to as "Point Y";
thence continue North $01^{\circ}08'36''$ East along said centerline, a distance of 350.00 feet, said point being the terminal point for the centerline of this easement.
Beginning at before mentioned "Point Y";
thence North $87^{\circ}20'58''$ West along said centerline, a distance of 969.00 feet, said point being the terminal point for the centerline of this easement,

EXCEPT that portion of said easement which lies within the above described main tract.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-025802

DATE ISSUED: 06/04/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GEORGIA INEZ
LAST NAME(S): DAVIS

COUNTY OF DEATH: CLARK
DATE OF DEATH: MAY 31, 2021
HOUR OF DEATH: 05:20 PM
SEX: FEMALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPICE
FACILITY OR ADDRESS: RAY HICKEY HOSPICE HOUSE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

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

RESIDENCE STREET: 825 32ND AVENUE #28
CITY, STATE, ZIP: LONGVIEW, WA 98632
INSIDE CITY LIMITS: YES COUNTY: COWLITZ
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 DAYS

BIRTH DATE: [REDACTED]
BIRTHPLACE: PARKING, AR

FATHER: GEORGE LEE BELL
MOTHER: [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: JUNE 03, 2021

INFORMANT: KATHY ROSEANN MOENA
RELATIONSHIP: DAUGHTER
ADDRESS: 825 32ND AVENUE #28 LONGVIEW, WA 98632

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E BARNES STREET SUITE 206
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661
FUNERAL DIRECTOR: NICHOLAS R. BROWN

CAUSE OF DEATH:
A: SUBCORTICAL MICROVASCULAR ISCHEMIC OCCLUSIVE DISEASE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: JENNIFER O'DONNELL
TITLE: ARNP
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
DATE SIGNED: JUNE 02, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: JENNIFER O'DONNELL, ARNP

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR
DATE RECEIVED: JUNE 02, 2021

DOH 7426 (12) CLARK (2/19)

NOT VALID UNLESS SIGNED OR VERIFIED

Washington State Department of Health
 DOH 422-034 August 2019

Affidavit for Correction

Mail to: Center for 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: 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 Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____ City _____ State _____ Zip _____
 PO Box or Street Address _____ 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 currently shows:	9. The true fact is:
10. _____	11. _____
12. _____	13. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature: _____ Date: _____ 14b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS - go to 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 Acknowledgment 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

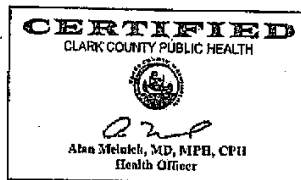
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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