

Return Address:

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

GNW 22-16792-KH

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 02/01/2023

**AFFIDAVIT (LACK OF PROBATE) R**

The undersigned affiant/grantee Bernice Homan, 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 the Spouse  
*Relationship to decedent*

of Darrel Laverne Homan, who died on Jan. 7<sup>th</sup>, 2022  
*Decedent/Grantor* *Date*

at Mount Vernon Skagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:  
Unit 8, Eagle Ridge Fairway Villa

Assessor's Property Tax Parcel/Account Number: P1191670/4804-000-008-  
√(Attach full legal description of the property) 0000

- 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 4)

Bernice Homan, Spouse  
Full name, age, relationship, address

1406 Eagle Ridge Dr.  
Mount Vernon WA 98274  
Full name, age, relationship, address

CHRIS Homan, COLVILLE, WA.

Full name, age, relationship, address

TANYA Homan  
UNKNOWN

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: 1-30-2023

Bernice Louise Haman

Affiant's full name

360-399-8432

Telephone number

1810 E Division Apt 261-MTVernon, WA 98274

Street

\_\_\_\_\_  
City State Zip Code

Bernice Louise Haman  
Signature

1-30-2023  
Date

State of Washington County of Skagit

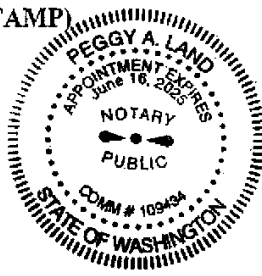
I know or have satisfactory evidence that Bernice L Haman  
(name of person)

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: 1.30.23

Peggy A. Land  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Stanwood

Notary Public in and for the State of WA

My appointment expires: June 16, 2025

**Exhibit "A"**  
**Property Description**

Unit 8, "EAGLE RIDGE FAIRWAY VILLA, A CONDOMINIUM," according to the Restated First Amended Declaration thereof recorded October 31, 2003, under Auditor's File No. 200310310103 and Survey Map and Plans thereof recorded on November 5, 2002, under Auditor's File No. 200211050117, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-000601

DATE ISSUED: 01/11/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DARREL LAVERNE  
LAST NAME(S): HOMAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 07, 2022  
HOUR OF DEATH: 12:25 PM  
SEX: MALE AGE: 83 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1406 EAGLE RIDGE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 1406 EAGLE RIDGE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SCOTLAND, SD

FATHER: PAUL ALBERT  
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BERNICE HENDERSON

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

OCCUPATION: TRUCK LOADER  
INDUSTRY: DAIRY COMPANY  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JANUARY 10, 2022

INFORMANT: BERNICE HOMAN  
RELATIONSHIP: WIFE  
ADDRESS: 1406 EAGLE RIDGE DRIVE 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: CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: YEARS  
B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JANUARY 07, 2022

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: ISABEL M. CARBAJAL  
DATE RECEIVED: JANUARY 10, 2022

**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
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**Required information must match current information on record**

**Required**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: 3. Place of Event: (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
First Middle Last/Initials First Middle Last/Initials

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital Person on Record:  Parent(s)  Funeral Director  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:**

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 forgoing is true and correct.**

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

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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 parent's 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.

\*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 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.

**Death Certificates**

- Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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\***

JAN 11 2022

*Howard M. T.*  
**Skagit County Health Department**  
Howard M. T., Health Officer



0 5 2 5 8 7 2 1

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