

Return Address:

~~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 02/03/2023

GNW 22-16761

AFFIDAVIT (LACK OF PROBATE)(R)

The undersigned affiant/grantee Nicole Paulley-Davenport 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 Denise Ellen Paulley, who died on 7-30-19
Decedent/Grantor *Date*

at Burlington USA WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

See Attached Exhibit A

Lot 7, Country Club Addn. No. 8

Assessor's Property Tax Parcel/Account Number: P80797
(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 _____)

Nicole Paulley-Davenport, 36, daughter
2504 Alma Ave #1, SLT, CA 96150

Full name, age, relationship, address

Elisha Paulley-Davenport, 32, daughter
4960 Goodman Ave, Apt. 2312, Addison, TX

Full name, age, relationship, address

Dated: 2/1/23

Nicole Paulley-Davenport
Affiant's full name

360-941-1485
Telephone number

MPD 2504 Alma Ave Ave, #1

South Lake Tahoe, CA 96150
City State Zip Code

[Signature]
Signature

2/1/23
Date

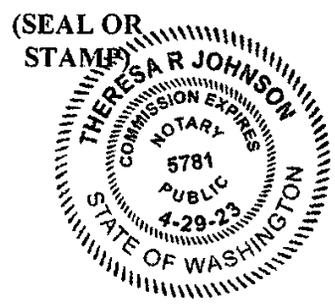
State of WA County of Skagit

I know or have satisfactory evidence that Nicole Paulley-Davenport
(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/hers) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 2/1/23

[Signature]
Signature of Notary Public



Residing at: Cameron Island

Notary Public in and for the State of WA

My appointment expires: 4/29/23

EXHIBIT "A"
Property Description

PROPERTY DESCRIPTION:

Lot 7, Country Club Addition No. 8, as per Plat recorded in Volume 12 of Plats, page 17 and 18, records of Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-034228

DATE ISSUED: 08/07/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENISE ELLEN
LAST NAME(S): PAULLEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 30, 2019
HOUR OF DEATH: UNKNOWN
SEX: FEMALE AGE: 64 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 16450 PUTTER CIRCLE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 16450 PUTTER CIRCLE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CASPER, WY

FATHER/PARENT: DON BOSLEY PAULLEY
MOTHER/PARENT: [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARK LOREN DAVENPORT

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

OCCUPATION: HOMEMAKER
INDUSTRY: FAMILY HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 06, 2019

INFORMANT: MARK LOREN DAVENPORT
RELATIONSHIP: HUSBAND
ADDRESS: 16450 PUTTER CIRCLE, BURLINGTON, WA 98233

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

CAUSE OF DEATH:

- A: PENDING
INTERVAL: PENDING
- B:
INTERVAL:
- C:
INTERVAL:
- D:
INTERVAL:

MANNER OF DEATH: PENDING
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: YES
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: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 05, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 19SK0258
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: AUGUST 05, 2019

Health **Affidavit for Correction** Center for Health Statistics
 This is a legal document. Complete in ink and do not alter. P.O. Box 47914
 Olympia, WA 98511-7814
 360-236-4300

STATE OFFICE USE ONLY

State File Number: _____ Fee Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required Information must match current information on record

Required

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:

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 foregoing is true and correct.

10a. Signature: _____ 10b. 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/Patriation 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

Death Certificates

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DGH 422-812)

1. Only the informant, the funeral director, or executor/administrator (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

DOI 422-001 January 2014

CERTIFIED

AUG 07 2019

[Signature]

Skagit County Health Department
Howard L. Brand M.D., Health Officer



Certificates can only be issued in the State of Washington. Change color when level applied.