

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 07/11/2023

GNW 23-18297

AFFIDAVIT (LACK OF PROBATE) R

The undersigned affiant/grantee William G. Lanphere 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 Marilyn Rose Lanphere, who died on Aug 5, 2012
Decedent/Grantor Date
at Sedro Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Ptn. Lot 45, Tract No. 2 of PEAVEY'S ACREAGE

Assessor's Property Tax Parcel/Account Number: P68033/396-002-045-0009
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

* Signed in counter. Part

☒ 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 _____)

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

William Lanphere, 84, Husband

Full name, age and relationship

26948 Duffy Rd Sedro Woolley WA 98284

Address

City

State

Zip

Phillip Lanphere, 45, child

Full name, age and relationship

26948 Duffy Rd Sedro Woolley WA 98284

Address

City

State

Zip

Bonnie Chalmers, 54, child

Full name, age and relationship

Clarksville Tennessee

Address

City

State

Zip

Brenda Lanphere, 51, child

Full name, age and relationship

26948 Duffy Rd Sedro Woolley WA 98284

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

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Zip

Full name, age and relationship

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City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

(Attach more sheets if necessary)

EXHIBIT A
LEGAL DESCRIPTION

Property Address: 26948 Duffy Road, Sedro-Woolley, WA 98284
Tax Parcel Number(s): P68033/3966-002-045-0009

Property Description:

PARCEL A:

That portion of Lot 45, Tract No. 2 of "PEAVEY'S ACREAGE", according to the plat thereof recorded in Volume 3 of Plats, page 37, records of Skagit County, Washington, described as follows:

Beginning at the intersection of the North line of said Lot 45 and the Southwesterly line of the James Young and Sterling Road which runs through said Lot 45;
thence Southeasterly along the Southwesterly line of said road a distance of 125 feet;
thence West parallel with the North line of said Lot 45 to the Skiyou Slough;
thence Northerly along said slough to the North line of said Lot 45;
thence East to the point of beginning;

EXCEPT roads.

PARCEL B:

That portion of Lot 45, Tract No., 2 of "PEAVEY'S ACREAGE", according to the plat thereof recorded in Volume 3 of Plats, page 37, records of Skagit County, Washington lying Southwesterly of the James Young and Sterling Road;

EXCEPT the following described tract:

Beginning at the intersection of the North line of said Lot 45 and the Southwesterly line of the James Young and Sterling Road which runs through said Lot 45;
thence Southeasterly along the Southwesterly line of said road a distance of 125 feet;
thence West parallel with the North line of said Lot 45 to the Skiyou Slough;
thence Northerly along said slough to the North line of said Lot 45;
thence East to the point of beginning;

EXCEPT roads.

Dated: 7-3-23William G Lanphere

Affiant's full name

360-420-7963

Telephone number

26948 Duffy Rd.Sedro-Woolley

City

Wn.

State

98284

Zip Code

William G Lanphere7-3-23

Date

State of WashingtonCounty of Skagit

I know or have satisfactory evidence that

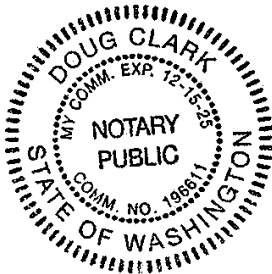
William G Lanphere

(name of person)

☒ 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: 7/3/23Doug Clark

Signature of Notary Public

(SEAL OR
STAMP)Residing at: Sedro Woolley WANotary Public in and for the State of WashingtonMy appointment expires: 12/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-039957

DATE ISSUED: 08/09/2022
FEE NUMBER:FIRST AND MIDDLE NAME(S): MARILYN ROSE
LAST NAME(S): LANPHERECOUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 05, 2022
HOUR OF DEATH: 11:20 AM
SEX: FEMALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: BRYANT, OHMARITAL STATUS: MARRIED
SURVIVING SPOUSE: WILLIAM GLENN LANPHEREOCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: PHILLIP LANPHERE
RELATIONSHIP: SON
ADDRESS: 26948 DUFFY RD SEDRO WOOLLEY 98284CAUSE OF DEATH:
A: GASTROINTESTINAL BLEED
INTERVAL: 2022
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 26948 DUFFY RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 51 YEARSFATHER: GLEN DALE TOWERS
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 09, 2022

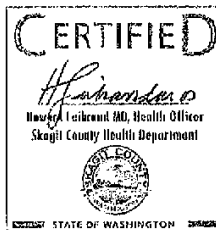
FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: CRAIG A. NELSONMANNER 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 RESPONSECERTIFIER NAME: AUSTIN DYKES, PAC
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: PO BOX 2586
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99220
DATE SIGNED: AUGUST 05, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: AUSTIN DYKES, PHYSICIAN ASSISTANTLOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: AUGUST 08, 2022

DOH422-132SKAGIT (2/22)

 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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
1. Name on Record:		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)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	
7. Return Mailing 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:			
The record currently shows:		The true fact is:	
8.		9.	
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:		14b. Signature of 2nd parent (if required):	
Printed name:		Printed name:	
Date:		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: <ul style="list-style-type: none"> • 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 <ol style="list-style-type: none"> 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). <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Child Under 18 <ul style="list-style-type: none"> 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. </div> <div style="width: 48%;"> Adult (18 years or older) <ul style="list-style-type: none"> 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. </div> </div> <p>*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.</p>			
Death Certificates <ol style="list-style-type: none"> 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. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 			
Marriage/Dissolution (Divorce) Certificates <ol style="list-style-type: none"> 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. 			

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



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