

Return Address:

Guardian Northwest Title  
1301 B Riverside Dr  
Mt. Vernon, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 08/10/2023

GNW 22-15032

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee THEODORE C. LONEY, 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 HUSBAND  
*Relationship to decedent*

of SHIRLEY M. LONEY, who died on DEC 27 2018  
*Decedent/Grantor* *Date*

at BELLINGHAM WHATCOM WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: \_\_\_\_\_

see attached

Ptn of 21-35-6E, W.M.

Assessor's Property Tax Parcel/Account Number: P41751  
(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 \_\_\_\_\_)

\_\_\_\_\_  
*THEODORE C. LONEY*

*Full name, age, relationship, address*

\_\_\_\_\_  
*6968 ELK RD*

\_\_\_\_\_  
*FERNDALE, WA*

*Full name, age, relationship, address*

\_\_\_\_\_  
*BRYAN LONEY SON*

\_\_\_\_\_  
*FERNDALE, WA 57*

*Full name, age, relationship, address*

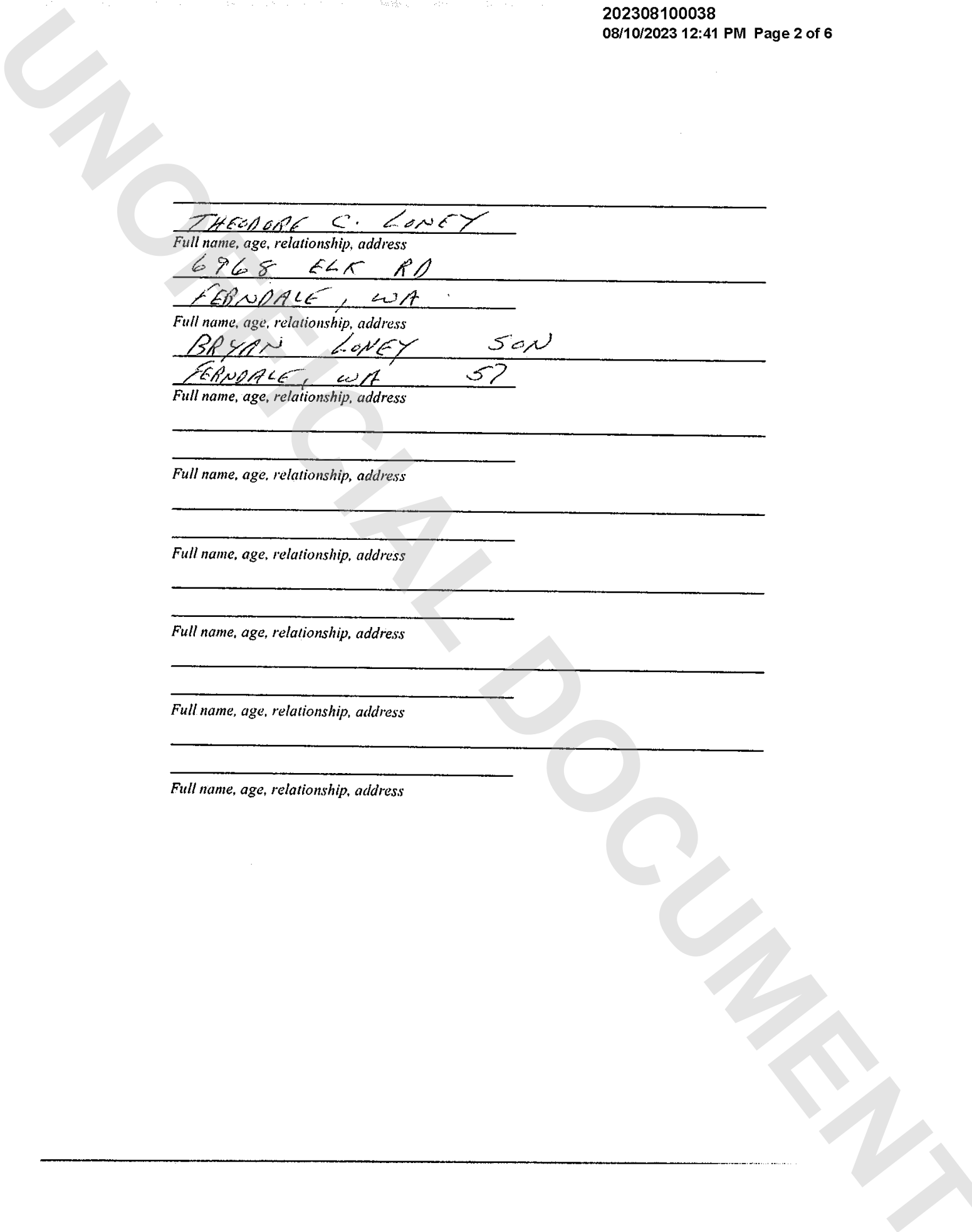
\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*



Dated: NOV 10 2022

THEODORE C. LONEY

Affiant's full name

360-220 5684

Telephone number

6968 FLK RD

FERNDALE WA 98278

City

Street  
State

Zip Code

Theodore C. Loney  
Signature

NOV 10-2022  
Date

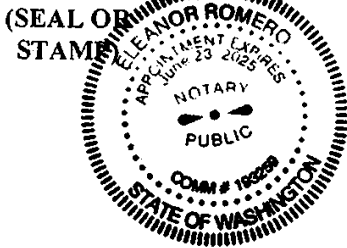
State of WA County of Skagit

I know or have satisfactory evidence that Theodore Curt Loney  
(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: 11 10 2022

Gleanor Romero  
Signature of Notary Public



Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 6 23/2025

**PROPERTY DESCRIPTION:**

THAT PORTION OF SECTION 21, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M. BEING DESCRIBED AT TIMES AS PORTIONS OF GOVERNMENT LOTS 4, 6 AND 8 NOW DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE WEST LINE OF THE NORTHEAST QUARTER OF SAID SECTION AND THE SOUTHERLY BANK OF SKAGIT RIVER, SAID POINT ALSO BEING THE TRUE POINT OF BEGINNING;

THENCE SOUTHEASTERLY ALONG SAID SOUTHERLY BANK TO THE EAST LINE OF SAID GOVERNMENT LOT 8 OF SAID SECTION; EXTENDED NORTH TO THE SOUTHERLY BANK OF SAID RIVER;

THENCE SOUTH ALONG SAID EAST LINE EXTENDED TO THE SOUTH LINE OF SAID GOVERNMENT LOT 8;

THENCE WEST ALONG SAID SOUTH LINE TO THE WEST LINE OF THE SOUTHEAST QUARTER OF SAID SECTION;

THENCE NORTH ALONG THE NORTH-SOUTH CENTER OF SAID SECTION TO THE TRUE POINT OF BEGINNING;

EXCEPT THAT PORTION DESCRIBED AS FOLLOWS:

COMMENCING AT THE CENTER OF SAID SECTION, SAID POINT BEING THE TRUE POINT OF BEGINNING;

THENCE NORTH 30 FEET;

THENCE EAST 20 FEET;

THENCE SOUTH 60 FEET;

THENCE WEST 20 FEET;

THENCE NORTH 30 FEET TO THE TRUE POINT OF BEGINNING

AND ALSO, EXCEPT THOSE PORTIONS THEREOF LYING SOUTH OF THE NORTH LINE OF SHORT PLAT NO. 14-79; EXTENDED EAST TO SAID SOUTHERLY BANK OF SAID RIVER.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
<b>CERTIFICATE OF DEATH</b>	
CERTIFICATE NUMBER: 2018-057034	DATE ISSUED: 12/31/2018 FEE NUMBER: 37
FIRST AND MIDDLE NAME(S): SHIRLEY M LAST NAME(S): LONEY	
COUNTY OF DEATH: WHATCOM DATE OF DEATH: DECEMBER 27, 2018 HOUR OF DEATH: 11:45 AM SEX: FEMALE                      AGE: 78 YEARS SOCIAL SECURITY NUMBER: ██████████	PLACE OF DEATH: HOME FACILITY OR ADDRESS: 6968 ELK ROAD CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 6968 ELK ROAD CITY, STATE, ZIP: FERNDALE, WA 98248 INSIDE CITY LIMITS: NO                      COUNTY: WHATCOM TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 40 YEARS
BIRTH DATE: ██████████ BIRTHPLACE: BELLINGHAM, WA	FATHER/PARENT: ORVILLE ERVIN MOTHER/PARENT: ██████████
MARITAL STATUS: MARRIED SPOUSE: TED LONEY	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMATORY
OCCUPATION: HOMEMAKER INDUSTRY: OWN HOME EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED US ARMED FORCES: NO	CITY, STATE: FERNDALE, WASHINGTON DISPOSITION DATE: JANUARY 02, 2019
INFORMANT: TED LONEY RELATIONSHIP: HUSBAND ADDRESS: 6968 ELK ROAD, FERNDALE, WA 98248	FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM ADDRESS: 2465 LAKEWAY DR. CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98228 FUNERAL DIRECTOR: EUGENIO MORALES
CAUSE OF DEATH: A: OVARIAN CANCER WITH BRAIN METS INTERVAL: 7 YEARS B: INTERVAL: C: INTERVAL: D: INTERVAL:	MANNER OF DEATH: NATURAL AUTOPSY: UNKNOWN WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN PREGNANCY STATUS IF FEMALE: NO RESPONSE
OTHER CONDITIONS CONTRIBUTING TO DEATH:	CERTIFIER NAME: RUPESH KUMAR, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 4545 CORDATA PARKWAY CITY, STATE, ZIP: BELLINGHAM, WA 98226 DATE SIGNED: DECEMBER 27, 2018
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: RUPESH KUMAR, MD
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	LOCAL DEPUTY REGISTRAR: JAMIE ROLLO DATE RECEIVED: DECEMBER 28, 2018
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

**Affidavit for Correction** Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-1300

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**

**Required**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal 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:**

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 foregoing is true and correct

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- 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.
- 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, 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 DDH 422-032)**

**Death Certificates**

- 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, Issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

*Greg Stern MD*

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



DCH 422-034 October 2015