

**Return Address:**

Land Title and Escrow Company  
111 E. George Hopper Road  
Burlington, WA 98233  
209871-LT

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Candi Newcombe  
Affidavit No. 20238836  
Date 11/22/2023

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Judith M. Hannigan, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of James J. Hannigan  
*Relationship to decedent* *Decedent/Grantor Name*

who died on Jan. 8, 2023 at  
*Date*

Seattle King WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Ptn Lot 51 & 52, Nookachamp Hills PUD, Ph 1

Assessor's Property Tax Parcel/Account Number: 4722-000-051-0000/P113892  
(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)

Judith Hannigan, Legal, Spouse, 23090 Buchanan St. Mount Vernon WA 98273

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

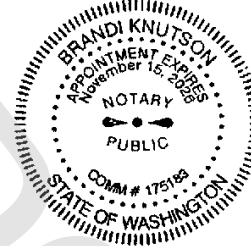
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 11/21/2023Judith M. Hannigan  
Affiant's full name360.319.6299  
Telephone number

<u>23090 Buchanan Street</u>		
	Street	
<u>Mount Vernon</u>	<u>WA</u>	<u>98273</u>
City	State	Zip Code
<u>Judith M. Hannigan</u>	<u>Nov. 21, 2023</u>	
Signature	Date	

STATE OF WASHINGTON  
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 21 day of Nov, 2023 by Judith M. Hannigan.[Signature]  
SignatureNotary  
TitleMy appointment expires: Nov. 15, 2026

**Legal Description**

Lot 51 of "The Plat of Nookachamp Hills Planned Unit Development, Phase 1," as recorded under Auditor's File No. 9811020154, records of Skagit County, Washington, being in a portion of Section 36, Township 34 North, Range 4 East of W.M.;

Together with that portion of Lot 52 in said Plat of Nookachamp Hills described as follows:

Beginning at the Northeast corner of said Lot 52;  
thence South  $83^{\circ}35'40''$  West, along the Northerly line of said Lot 52, a distance of 20.00 feet;  
thence South  $13^{\circ}09'32''$  East, 129.88 feet to the Southeast corner of said Lot 52;  
thence North  $4^{\circ}18'25''$  West, 129.07 feet to the point of beginning.

Except that portion of said Lot 51 described as follows:

Beginning at the Northwest corner of Lot 50 in said Plat of Nookachamp Hills;  
thence South  $83^{\circ}35'40''$  West, 20.42 feet to the Southeast corner of Lot 55 in said Plat of Nookachamp Hills;  
thence South  $14^{\circ}04'52''$  East, 120.20 feet to the Southeast corner of said Lot 51;  
thence North  $4^{\circ}18'25''$  West, 119.20 feet to the point of beginning.

Situate in Skagit County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-001055

DATE ISSUED: 01/12/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES JOSEPH

LAST NAME(S): HANNIGAN

COUNTY OF DEATH: KING

DATE OF DEATH: JANUARY 08, 2023

HOUR OF DEATH: 08:53 AM

SEX: MALE

AGE: 68 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: NEW HAVEN, CT

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JUDY ATHERTON

OCCUPATION: ELECTRICAL ENGINEER

INDUSTRY: POWER GENERATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: JUDY HANNIGAN

RELATIONSHIP: WIFE

ADDRESS: 17062 KOKANNE CT MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: STAGE FOUR GLIOBLASTOMA MULTIFORME

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,  
HYPERLIPIDEMIA, HYPERTENSION, OBSTRUCTIVE SLEEP APNEA

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: HOSPITAL

FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - CHERRY HILL

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

RESIDENCE STREET: 17062 KOKANNE CT

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: THOMAS HANNIGAN

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JANUARY 12, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER 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 RESPONSE

CERTIFIER NAME: IRVING ZAVALA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 747 BROADWAY

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

DATE SIGNED: JANUARY 11, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: IRVING ZAVALA, PHYSICIAN

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: JANUARY 11, 2023

**Affidavit for Correction**

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 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
<b>Required information must match current information on record</b>				
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:		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: <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:	
Telephone Number: ( )	Email Address:

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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 Acknowledgement 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.

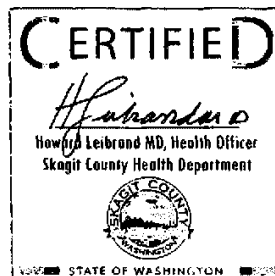
**Death Certificates**

- 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**

- 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 changes color when heat applied.



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