

Return Address:

Larry Lucay
190 Cherrywood ave
San Leandro Ca. 94577

GNW 23-19566

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 12/14/2023

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Larry Jo Lucay, 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 Brother

Relationship to decedent

of Patrick D L ucay, who died on 3/13/2023
Decedent/Grantor *Date*

at Concrete Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

Lots 36 and 37, Block G, CAPE HORN ON THE SKAGIT DIVISION 2, according to the

plat thereof, recorded in Volume 9 of Plats, page 14, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: P63240/3869-007-037-0030
 (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 _____)

Larry Lucas 80 Brother
190 Cherrywood Ave San Leandro Ca 94577
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 : 11/30/23

Larry Jo Lucay

Affiant's full name

510-632-8879

Telephone number

190 Cherrywood ave

Street

San Leandro Ca. 94577

City

State

Zip Code

Larry Jo Lucay
Signature
Larry Jo Lucay

11-30-2023

Date

12-12-2023

State of

Wa

County of

Whatcom

I know or have satisfactory evidence that

Larry Jo Lucay
(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:

12, 12, 23

Sister J. Ben
Signature of Notary Public

Residing at:

Concrete

Notary Public in and for the State of

Wa

My appointment expires:

05, 10, 27

This form is an example of an affidavit that can be used, however it may not fulfill all needs and other versions are acceptable. Please see full text of bill below.

- (1) In order to receive an exemption under RCW 82.45.010(3)(a) from the tax in this chapter on real property transferred as a result of a devise by will or inheritance the following documentation must be provided to the county treasurer:
- (a) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
 - (b) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of that portion of the trust instrument showing the authority of the grantor;
 - (c) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator;
 - (d) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate;
 - (e) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
 - (f) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property;
 - (g) If the real property is transferred to one or more heirs by operation of law, or transferred under a will that has not been probated, but absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit affirming that the affiant or affiants are the sole and rightful heirs to the property;
 - (h) When real property is transferred as described in (g) of this subsection (1) and the decedent-transferor had also inherited the property from his or her spouse or domestic partner but never transferred title to the property into the decedent-transferor's name, the transferee or transferees must provide: (i) A certified copy of the death certificates for the decedent-transferor and the spouse or domestic partner from whom the decedent-transferor inherited the real property; and (ii) a lack of probate affidavit affirming that the affiant or affiants are the rightful heirs to the property; or
 - (i) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate.
- (2) The documentation provided to the county treasurer under this section must also be recorded with the county auditor.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
- (a) "Heir" has the same meaning as provided in RCW 11.02.005;
 - (b) "Lack of probate affidavit" means a signed and notarized document declaring that the affiant or affiants are the rightful heir or heirs to the property and containing the following information:
 - (i) The names of the affiant or affiants;
 - (ii) The relationship of the affiant or affiants to the decedent;
 - (iii) The names of all other heirs of the decedent living at the time of the decedent's death;
 - (iv) A description of the real property;
 - (v) Whether the decedent left a will that includes a devise of real property; and
 - (vi) Any other information the department may require.

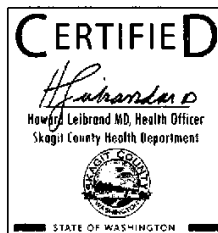
Print as many page two's as you need to account for all Heirs.

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2023-014966	DATE ISSUED: 09/25/2023 FEE NUMBER:
FIRST AND MIDDLE NAME(S): PATRICK DARCEY LAST NAME(S): LUCAY	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: MARCH 13, 2023 FOUND HOUR OF DEATH: 05:15 PM FOUND SEX: MALE AGE: 75 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 41723 MOUNTAIN VIEW LN CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237-8490 RESIDENCE STREET: 41723 MOUNTAIN VIEW LN CITY, STATE, ZIP: CONCRETE, WA 98237-8490 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	
BIRTH DATE: [REDACTED] BIRTHPLACE: UNKNOWN, 99	FATHER: UNKNOWN MOTHER: UNKNOWN
MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
OCCUPATION: UNKNOWN INDUSTRY: UNKNOWN EDUCATION: UNKNOWN US ARMED FORCES: UNKNOWN	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: MARCH 28, 2023 FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: COLE B. ERIKSON
INFORMANT: HAYLEY THOMPSON RELATIONSHIP: SKAGIT COUNTY CORONER ADDRESS: 1700 CONTINENTAL PLACE, MOUNT VERNON, WA 98273	
CAUSE OF DEATH: A: CARDIOPULMONARY ARREST INTERVAL: MINUTES B: MYOCARDIAL INFARCTION INTERVAL: MINUTES C: CORONARY ARTERY DISEASE INTERVAL: YEARS 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: NO PREGNANCY STATUS IF FEMALE: NO RESPONSE
OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, DYSLIPIDEMIA	CERTIFIER NAME: MORGAN F. MERRILL, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 1990 HOSPITAL DR CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284 DATE SIGNED: MARCH 16, 2023
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY: LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: 230314-18 ATTENDING PHYSICIAN: NOT APPLICABLE LOCAL DEPUTY REGISTRAR: MARIA YIVANCO DATE RECEIVED: MARCH 28, 2023
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

NOT VALID IF PHOTOCOPIED OR ALTERED

 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	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:
	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:			
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			
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. Proof documentation must be five or more years old or established within five years of birth.			
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).			
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. 			
*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)			
<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. 			
Death Certificates			
1. 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.			
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 proof documentation.			
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.			



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



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