



202404120068

04/12/2024 03:55 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

After recording, return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20240237
APR 12 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By KO Deputy

Grantor (Name of Decedent): Sheila Lloyd

Grantee (Heirs): Michael Lloyd

Abbreviated Legal Description: P55479 - Lot 20, block 84 City of Anacortes
Tax Parcel No.(s): P78265 - Lot 6A Wildwood LN.

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

COUNTY OF Skagit

The undersigned, Michael Lloyd by Ryleigh Lloyd POA, executes this affidavit relating to the estate of Sheila Lloyd (herein "Decedent"), who died on Jan 18 2024, in the County of Skagit, State of WA, then being a resident of the City of Anacortes, County of Skagit, State of W.A.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☐ the lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child of the Decedent
☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.

- ☒ other (Identify): POA of lawful surviving spouse of Decedent.

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
 [Use the reverse side or attach a list if necessary]

Name and relationship: Michael Lloyd - Spouse

Name and relationship: Ryleigh Lloyd - Daughter

Name and relationship: Cassey Lloyd - Son

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

[Signature] POA of Michael Lloyd
 Signature

Ryleigh Lloyd POA of Michael Lloyd
 Print Name

State of Washington
 County of Skagit

This record was acknowledged before me on 4/12/2024 by
For Michael Lloyd by Ryleigh Lloyd POA

[Signature]
 (Signature of notary public)

Notary Public in and for the State of Washington

My commission expires: 3/30/2026

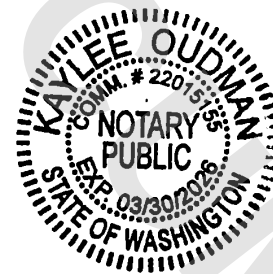


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s):

Parcel # → P55479

Lot 20, BLOCK 84, MAP OF THE CITY OF ANACORTES,
According to the Plat thereof recorded in volume 2
of Plats, Pages 4 through 7, Records of Skagit
County, Washington.

Parcel # → P78265

^{Lot 6A}
(0.6500 ac) Wildwood LN, Replat of lots 4 through
7, Assessors Plat of Henry W. McFadden
Estate, Recorded in volume 10 of Plats,
Pages 46 and 47, Records of Skagit
County, Washington

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 01/29/2024
FEE NUMBER:

CERTIFICATE NUMBER: 2024-003690

FIRST AND MIDDLE NAME(S): SHEILA JEAN
LAST NAME(S): LLOYDCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 18, 2024
HOUR OF DEATH: 05:15 PM
SEX: FEMALE AGE: 62 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: THUNDER BAY, ON CANADAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAEL LLOYDOCCUPATION: CUSTODIAN
INDUSTRY: EDUCATION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: RYLEIGH LLOYD
RELATIONSHIP: DAUGHTER
ADDRESS: 1201 4TH ST, ANACORTES, WA, 98221CAUSE OF DEATH:
A: CARDIOVASCULAR HYPERTENSIVE DISEASE
INTERVAL: YEARSB:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: ALCOHOLISM, HISTORY OF
BREAST CANCER, MALNUTRITION, FAILURE TO THRIVEDATE 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: DECEDENT'S HOME
FACILITY OR ADDRESS: 1202 17TH ST
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 1202 17TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEARFATHER: WILLIAM SERNESKY
MOTHER: ROSEMARY [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JANUARY 26, 2024

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: WILLIAM TAUXE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: JANUARY 22, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 240119-128
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER
DATE RECEIVED: JANUARY 26, 2024



Affidavit for Correction

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: First Middle Last		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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction:		Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		
7. Return Mailing Address: PO Box or Street 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 forgoing 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:

- 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

- 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.

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

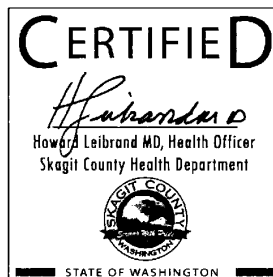
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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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