

After recording, return to:
Richard W. McLaughlin
8058 Wilde Road
Concrete, WA 98237

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/28/2024

Grantor (Name of Decedent): Sylvia S. McLaughlin
Grantee (Heirs): Richard W. McLaughlin
Abbreviated Legal Description: LT. 2, SP NO. 92-050, REC NO. 9303080124 AND PTN NE 1/4 SE 1/4
SEC 36-36-4E
Tax Parcel No.(s): P104940 / 360436-4-002-0201
Chicago Title
620056680

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, RICHARD W. MCLAUGHLIN, executes this affidavit relating to the estate of
SYLVIA SUE MCLAUGHLIN (herein "Decedent"), who died on 3/24/2024,
in the County of SKAGIT, State of WASHINGTON, then being a resident of the
City of SEDRO WOOLLEY, County of SKAGIT, State of WASHINGTON.

(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
06/28/2024, under Recording No. , in
 County, Washington.

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

☐ other (identify): XXX

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: RICHARD W. MCLAUGHLIN SPOUSE

Name and relationship: _____

Name and relationship: _____

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)**

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

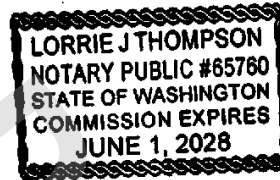
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Richard W. McLaughlin

 Signature

Richard W. McLaughlin

Print Name



State of WASHINGTON
 County of SKAGIT

This record was acknowledged before me on 6-26-2024 by
Richard W. McLaughlin

Lorrie J. Thompson

 (Signature of notary public)

Notary Public in and for the State of Washington

My commission expires: 6-1-2028

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P104940 / 360436-4-002-0201

LOT 2, SKAGIT COUNTY SHORT PLAT NO. 92-050, APPROVED MARCH 4, 1993, AND RECORDED MARCH 8, 1993, IN VOLUME 10 OF SHORT PLATS, PAGE 176, UNDER AUDITOR'S FILE NO. 9303080124, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTH 330 FEET OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 36 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

TOGETHER WITH AN EASEMENT FOR INGRESS, EGRESS, AND UTILITIES OVER THE NORTH 40 FEET OF LOT 1 OF SAID SKAGIT COUNTY SHORT PLAT NO. 92-050, APPROVED MARCH 4, 1993, AND RECORDED MARCH 8, 1993, IN VOLUME 10 OF SHORT PLATS, PAGE 176, UNDER AUDITOR'S FILE NO. 9303080124, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTH 330 FEET OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 36 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-014287

DATE ISSUED: 03/26/2024
FEE NUMBER:FIRST AND MIDDLE NAME(S): SYLVIA SUE
LAST NAME(S): MCLAUGHLIN

AKA: SUE MCLAUGHLIN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 24, 2024

HOUR OF DEATH: 12:05 AM

SEX: FEMALE AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: CHICAGO, ILMARITAL STATUS: MARRIED
SURVIVING SPOUSE: RICHARD WAYNE MCLAUGHLINOCCUPATION: HOMEMAKER
INDUSTRY: HOME/PRIVATE HOUSEHOLD
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: DAVID MCLAUGHLIN
RELATIONSHIP: SON
ADDRESS: 8058 WILDE ROAD, CONCRETE, WA 98237CAUSE OF DEATH:
A: VASCULAR DEMENTIA
INTERVAL: SEVERAL YEARS
B: HYPERTENSION
INTERVAL: MANY YEARSC:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIASTOLIC HEART FAILURE

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: 925 DUNLOP AVENUE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 23925 SWEDE CREEK LANE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARSFATHER: NICHOLAS EVASCO
MOTHER: ALICE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 26, 2024

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER 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: NOT APPLICABLECERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 25, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MARCH 25, 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 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: 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: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: 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

- 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 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)

- 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

- 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.

