202406280048
06/28/2024 12:00 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

After recording, return to:
Myra D. O'Neil
1315 28th Street
Anacortes, WA 98221

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

Grantor (Name of Decedent): Richard S. O'Neil, who acquired title as Richard L. O'Neil

Grantee (Heirs): Myra D. O'Neil

Abbreviated Legal Description: PTN GOVT LT 1, SEC 15-35-7E, W.M.

Tax Parcel No.(s): P42680 / 350715-0-002-0003

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington

COUNTY OF Skagit

CHICAGO TITLE
620056460

The undersigned, Myra D. O'Neil, executes this affidavit relating to the estate of Richard S. O'Neil (herein "Decedent"), who died on April 14, 2023, in the County of Skagit, State of Washington, then being a resident of the City of Concrete, 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 _____ *[mm/dd/yyyy]*, under Recording No. _____, in _____ County, Washington.
   - ☐ other (identify:) _____

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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: Myra D. O'Neil, Spouse

Name and relationship: Kirin Boggs, Daughter

Name and relationship: Ricky O'Neil, Son

Name and relationship: Jamie Whitlock, Step-Daughter

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.

Myra D. O'Neil
Signature

Myra D. O'Neil
Print Name

State of WA
County of Skagit

This record was acknowledged before me on 6/27/24 by Myra D. O'Neil.

(Signature of notary public)
Notary Public in and for the State of WA
My commission expires: NOV. 15, 2026

BRANDI KNUTSON
NOTARY PUBLIC
STATE OF WASHINGTON
COMM # 175163
APPOINTMENT EXPIRES November 15, 2026

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EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): P42680 / 350715-0-002-0003

THAT PORTION OF GOVERNMENT LOT 1, SECTION 15, TOWNSHIP 35 NORTH, RANGE 7 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT THAT IS 495 FEET WEST AND 544.5 FEET SOUTH OF THE NORTHEAST CORNER OF SAID GOVERNMENT LOT 1, SAID POINT BEING ON A CORNER OF TRACT "B", SHORT PLAT NO. 32-80, APPROVED JULY 15, 1980, AND RECORDED JULY 23, 1980 IN VOLUME 4 OF SHORT PLATS, PAGE 149, UNDER AUDITOR'S FILE NO. 8007230004;
THENCE WEST, ALONG THE SOUTH LINE OF SAID TRACT "B", A DISTANCE OF 214.5 FEET, MORE OR LESS, TO THE SOUTHWEST CORNER OF SAID TRACT "B";
THENCE SOUTH A DISTANCE OF 214.5 FEET;
THENCE EAST A DISTANCE OF 214.5 FEET, MORE OR LESS, TO A WESTERLY LINE OF SAID TRACT "B";
THENCE NORTH A DISTANCE OF 214.5 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER, UNDER AND ACROSS THE WEST 12 FEET, AND, THE SOUTH 30 FEET OF THE NORTH 300 FEET OF THE EAST 20 FEET OF THE WEST 32 FEET OF TRACT "B" OF SAID SHORT PLAT 32-80.

TOGETHER WITH THE WEST 214.50 FEET OF THE EAST 709.50 FEET OF GOVERNMENT LOT 1, SECTION 15, TOWNSHIP 35 NORTH, RANGE 7 EAST, W.M.

EXCEPT THAT PORTION LYING WITHIN SHORT PLAT NO. 32-80, APPROVED JULY 15, 1980, AND RECORDED JULY 23, 1980, IN VOLUME 4 OF SHORT PLATS, PAGE 149, UNDER AUDITOR'S FILE NO. 8007230004.

AND, EXCEPTING FROM THE REMAINDER, THE NORTH 214.50 FEET THEREOF.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

202406280048

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2023-018452**

DATE ISSUED: **04/17/2023**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **RICHARD SHANNON**
LAST NAME(S): **O'NEIL**
AKA: **RICK O'NEIL**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **APRIL 14, 2023**
HOUR OF DEATH: **07:45 AM**
SEX: **MALE** AGE: **69 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**

BIRTH DATE: [redacted]
BIRTHPLACE: **KALISPELL, MT**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **MYRA DAWN STROM**

OCCUPATION: **OPERATOR**
INDUSTRY: **OIL REFINERY**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

INFORMANT: **MYRA O'NEIL**
RELATIONSHIP: **WIFE**
ADDRESS: **39876 CAPE HORN ROAD, CONCRETE, WA 98237**

CAUSE OF DEATH:
A: **PANCREATIC CANCER**
INTERVAL: **7 MONTHS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **39876 CAPE HORN ROAD**
CITY, STATE, ZIP: **CONCRETE, WASHINGTON 98237**

RESIDENCE STREET: **39876 CAPE HORN ROAD**
CITY, STATE, ZIP: **CONCRETE, WA 98237**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **7 YEARS**

FATHER: **JACK HUGH O'NEIL**
MOTHER: **GERALDINE** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**

CITY, STATE: **ANACORTES, WASHINGTON**
DISPOSITION DATE: **APRIL 17, 2023**

FUNERAL FACILITY: **LEMLEY CHAPEL**

ADDRESS: **1008 THIRD ST**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
FUNERAL DIRECTOR: **DOUGLAS E. HUTTER**

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**

CERTIFIER NAME: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **APRIL 14, 2023**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **MELISSA M. DOSS**
DATE RECEIVED: **APRIL 17, 2023**

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

UNOFFICIAL DOCUMENT

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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:	Date:	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

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 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.

*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

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.

CERTIFIED

Howard Leibrand MD, Health Officer
Skagit County Health Department

STATE OF WASHINGTON

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