

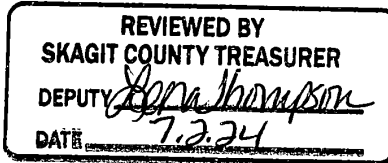


202407020032

07/02/2024 01:05 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
212536-LT



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Barbara A. O'Melia 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 Robert J. O'Melia
Relationship to decedent *Decedent/Grantor Name*

who died on 09/11/2023 at
Date

La Conner Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 352, Revised Map of Shelter Bay, Div. 2

Assessor's Property Tax Parcel/Account Number: S340235120/P129171/5100-002-352-0000
(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)

Barbara A. O'Melia, surviving spouse, age: 85
352 Stillaguamish Pl. La Conner WA 98257
Full name, age, relationship, address

Mark Stephen Holte stepson age: 43 15080 Erie St
Anacortes WA 98011
Full name, age, relationship, address

Brian Thomas Holte stepson age: 45 1359 Hawthorne Pl.
Coupeville WA 98239
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: July 1st 2024Barbara A. O'Melia

Affiant's full name

360-672-3900

Telephone number

352 Stillaguamish PlaceLa Conner WA 98257

City

State

Zip Code

Barbara A. O'Melia

Signature

7/1/24

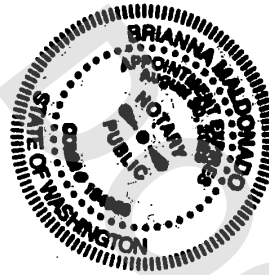
Date

STATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 1 day of July, 2024 by
Barbara A. O'MeliaBeenna McDowell

Signature

Notary Public

Title

My appointment expires: Aug 30, 2025

Legal Description

Lot 352, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-044343

DATE ISSUED: 10/04/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT JOHN

LAST NAME(S): OMELIA

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 11, 2023

HOUR OF DEATH: 08:15 PM

SEX: MALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: UPPER DARBY, PA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BARBARA ANN ENGLEHARDT

OCCUPATION: ENVIRONMENTAL ENGINEER

INDUSTRY: AIR QUALITY

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: BARBARA OMELIA

RELATIONSHIP: WIFE

ADDRESS: 352 STILLAGUAMISH PLACE, LA CONNER, WA 98257

CAUSE OF DEATH:

A: PARKINSON'S DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NEUROGENIC BLADDER WITH RECURRENT URINARY TRACT INFECTION, EXTENDED SPECTRUM BETA-LACTAMASE E. COLI INFECTIONS

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: 352 STILLAGUAMISH PLACE

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 352 STILLAGUAMISH PLACE

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: JOSEPH OMELIA

MOTHER: BARBARA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: SEPTEMBER 14, 2023

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

ADDRESS: PO BOX 433

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: SEPTEMBER 12, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: SEPTEMBER 13, 2023



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 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 2 nd 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.

*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

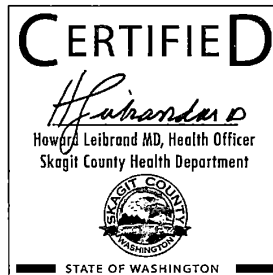
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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