



202411040054

11/04/2024 02:36 PM Pages: 1 of 8 Fees: \$310.50
Skagit County Auditor

Return Address:

Vicky L. Woody-Guidinger
PO BOX 1332
Lyman, WA 98263

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 284
NOV 04 2024

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Nicky D. Woody 50%
Vicky L. Woody-Guidinger 50%, 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 Daughter
Lavange Relationship to decedent
of Eloise E. Woody, who died on 12/20/2022
Decedent/Grantor Date
at Sedro Woolley, Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

(0.7500 ac) THAT PTN OF THE SW 1/4 OF THE SW 1/4 SCT 11, TWP 35 N, R6E, W.M., DESCRIBED AS FOLLOWS: BEG AT NW CORNER OF NE 1/4 OF SW 1/4 OF SW 1/4 SCT 11, TWP 35 N, R6E, W.M.; THENCE E 10 RODS TO TRUE PNT OF BEGINNING OF THIS DESCRIPTION; THENCE S 16 RODS; THENCE E 10 RODS; THENCE N 16 RODS TO THE N LINE OF SAID SW 1/4 OF THE SW 1/4; THENCE W 10 RODS TO THE PNT OF BEGINNING, EXCEPT THE W 40 FT THEREOF, AND EXCEPT ROADS

Assessor's Property Tax Parcel/Account Number: P41046 / 350611-3-011-0001
(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 _____)

Vicky L. Woody-Guidinger, 56yr, Daughter

PO Box 1332, Lyman WA 98263

Full name, age, relationship, address

Nicky D. Woody 62yr Son

17530 Simon Rd, Snohomish WA 98290

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: 11/4/2024

Vicky L. Woody - Guidinger

Affiant's full name

(360) 929-8431

Telephone number

PO BOX 1332

Lyman ^{Street} WA 98263
City State Zip Code

Vicky L. Woody - Guidinger 11/4/2024
Signature Date

State of Washington County of Skagit

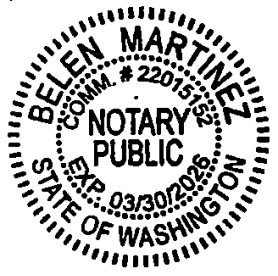
I know or have satisfactory evidence that Vicky L. Woody - Guidinger
(name of person)

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: 11/04/2024

Belen Martinez
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Skagit County

Notary Public in and for the State of Washington

My appointment expires: 03/2026

Return Address:

Nicky D. Woody
17530 Simon Rd
Snohomish, WA 98290

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 2811
NOV 04 2024

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Nicky D Woody ^{50%}, 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 Son
Relationship to decedent

of Eloise & Woody, who died on 12/20/2022
Decedent/Grantor Date

at Sedro Woolley Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

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(0.7500 ac) THAT PTN OF THE SW 1/4 OF THE SW 1/4 SCT 11, TWP 35 N, R6E, W.M., DESCRIBED AS FOLLOWS: BEG AT NW CORNER OF NE 1/4 OF SW 1/4 OF SW 1/4 SCT 11, TWP 35 N, R6E, W.M.; THENCE E 10 RODS TO TRUE PNT OF BEGINNING OF THIS DESCRIPTION; THENCE S 16 RODS; THENCE E 10 RODS; THENCE N 16 RODS TO THE N LINE OF SAID SW 1/4 OF THE SW 1/4; THENCE W 10 RODS TO THE PNT OF BEGINNING, EXCEPT THE W 40 FT THEREOF, AND EXCEPT ROADS

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(Page 1 of _____)

Vicky L Woody-Guidinger, 55yr Daughter

PO Box 1332, Lyman WA 98263

Full name, age, relationship, address

Nicky D Woody 62yr Son

17530 Simon Rd Snohomish WA 98290

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: Oct 3 2024

NICKY DONALD WOODY
Affiant's full name

425 508 57
Telephone number

17530 Simon Rd

snohomish WA 98290
City State Zip Code

[Signature] 10/3/2024
Signature Date

State of Washington County of Snohomish

I know or have satisfactory evidence that Nicky Donald Woody
(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: 10/03/24

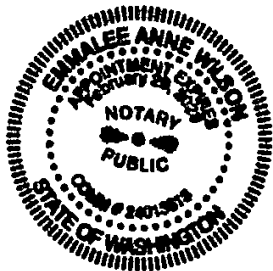
[Signature]
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: 510 Second St Suite C Snohomish WA 98290

Notary Public in and for the State of Washington

My appointment expires: 02/2029



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-065449

DATE ISSUED: 12/22/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELOISE LAVANGE

LAST NAME(S): WOODY

AKA: SIS WOODY

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 20, 2022

HOUR OF DEATH: 03:40 AM

SEX: FEMALE AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: FOOD CANNERY

INDUSTRY: FACTORY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: VICKY WOODY-GUIDINGER

RELATIONSHIP: DAUGHTER

ADDRESS: P. O. BOX 1332, LYMAN, WA 98263

CAUSE OF DEATH:

A: BREAST CANCER WITH METASTASIS

INTERVAL: 3 YEARS

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: HOSPITAL

FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 34138 HAMILTON CEMETERY ROAD

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 60 YEARS

FATHER: HARVEY VERNON GALBREATH

MOTHER: GOLDIE ELOISE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 26, 2022

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: TOBI G. STIDMAN

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: EDUARDO GOO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

DATE SIGNED: DECEMBER 20, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: DECEMBER 22, 2022



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
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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 Parent(s) Guardian Funeral Director Informant Other (specify) Hospital

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 2nd 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

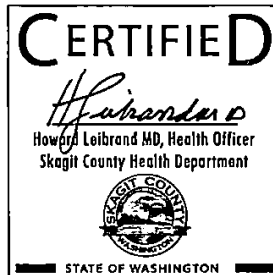
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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