

After recording, return to:
Cindy J Dills

40355 W Jenna Ln
Maricopa AZ 85138

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11/26/2024

Grantor (Name of Decedent): Ricky Allen Wenck
Grantee (Heirs): Cynthia J. Dills
Abbreviated Legal Description: TRACT 2, SHORT PLAT NO. 17-82 BEING PTN
Tax Parcel No.(s): P45173 / 351012-3-001-0121 SW 12-35-10

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
620057503

The undersigned, Cynthia J. Dills, executes this affidavit relating to the estate of Ricky Allen Wenck (in "Decedent"), who died on Sept 22, 2023 in the County of SKAGIT, State of Washington, then being a resident of the City of Marblemount, 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): _____

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: Cynthia J. Dills wife
Name and relationship: Rikki Jean Wenck Daughter
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:

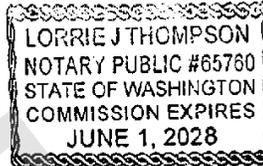
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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

- 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.

Cynthia J. Dills
Signature
Cynthia J. Dills
Print Name



State of Washington
County of SKAGIT

This record was acknowledged before me on 11-13-2024 by Cynthia J. Dills

Lorrie J Thompson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 6-1-2028

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: Cynthia J. Dills Wife
Name and relationship: Rikki Jean Wennick Daughter
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)**

- 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]
Signature

Rikki Jean Wennick
Print Name

State of Arizona
County of Maricopa

This record was acknowledged before me on 11/13/2024 by Rikki Jean Wennick

Dawn M. Tyson
(Signature of notary public)
Notary Public in and for the State of Arizona
My commission expires: 09/30/2028



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P45173 / 351012-3-001-0121

TRACT 2 OF SHORT PLAT NO. 17-82, APPROVED JULY 18, 1983 AND RECORDED JULY 22, 1983 IN VOLUME 6 OF SHORT PLATS, PAGE 73, UNDER AUDITOR'S FILE NO. 8307220001, RECORDS OF SKAGIT COUNTY, WASHINGTON,

EXCEPT THAT PORTION, IF ANY, LYING WITHIN THE CITY OF SEATTLE RAILROAD RIGHT-OF-WAY AS CONDEMNED UNDER SKAGIT COUNTY SUPERIOR COURT CAUSE NO. 9510. (BEING A PORTION OF THE SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 10 EAST, W.M.).

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-047288

DATE ISSUED: 10/03/2023
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): RICKY
LAST NAME(S): WENRICK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 22, 2023
HOUR OF DEATH: 08:26 AM
SEX: MALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CYNTHIA DILLS

OCCUPATION: BOAT OPERATOR
INDUSTRY: MUNICIPALITY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: CYNTHIA DILLS
RELATIONSHIP: SPOUSE
ADDRESS: 7562 POWERLINE RD MARBLEMOUNT, WA 98267

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 2 HOURS
B: ATRIAL FIBRILLATION, PNEUMONIA, HEART FAILURE, ACUTE KIDNEY INJURY
INTERVAL: UNKNOWN
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: 7562 POWERLINE RD
CITY, STATE, ZIP: MARBLEMOUNT, WA 98267-9759
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER: WILBUR WENRICK
MOTHER: BETTY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATION

CITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: OCTOBER 03, 2023

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: BRADLEY W. BYTNAR

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: KIRK BROWNELL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: SEPTEMBER 28, 2023

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

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER
DATE RECEIVED: SEPTEMBER 29, 2023



Affidavit for Correction

11/26/2024 00:00:00
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
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Required information must match current information on record

Required

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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital
Person on Record: 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

- 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.

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

- 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.53 RCW, and at the direction of Greg Thompson, Health Officer.



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