

WHEN RECORDED MAIL TO:

HomeLight Title of Washington, Inc.
600 Stewart Street, Suite 400
Seattle, WA 98101
(206) 709-5011

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 12/10/2024

DOCUMENT TITLE(S)

Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

N/A

GRANTOR(S):

Louise O'Flaherty, deceased

GRANTEE(S):

Daryl D O'Flaherty

ABBREVIATED LEGAL DESCRIPTION:

Lot 18, EASTGATE ADDITION PLAT NO. 8- Full Legal Page 6

TAX PARCEL NUMBER(S):

P83714/4519-000-018-0006

LPB 01-05

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Raryl D. O'Flaherty, being first duly sworn
Name of Affiant
Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Huband
Relationship to decedent
of Louise O'Flaherty who died on 3-22-2023
Decedent-Grantor Date
at Mount Vernon Skagit WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)
Abbreviated Legal Descriptions: Lot 18, EASTGATE ADDITION PLAT NO. 8

Assessor's Property Tax Parcel/Account Numbers: (List All)

P83714/4519-000-018-0006

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent: "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Daryl D. O'Flaherty 74 Husband
Full name, age and relationship

314 S. 32nd Pl Mount Vernon WA 98274
Address City State Zip

Tracy D. O'Flaherty 55 son
Full name, age and relationship

502 W Hemmi Rd Bellingham WA 98226
Address City State Zip

Lisa M. Dondziński 54 Daughter
Full name, age and relationship

1229 Memorial Hwy unit 75 Mount Vernon WA 98273
Address City State Zip

John V. O'Flaherty 53 son
Full name, age and relationship

930 Loomis Trail Rd LYNDEN WA 98264
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 615,000 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 12 / 7 / 2024

Daryl D. O'Flaherty 435-314-6150
Affiant's full name Telephone number

314 So 32nd Pl Mount Vernon 98274
Street City State Zip Code

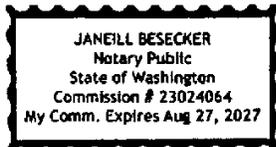
State of WASHINGTON County of SKAGIT

I know or have satisfactory evidence that DARYL O'FLAHERTY
(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: DECEMBER 07, 2024 Janeill Be Becker
Signature of Notary Public

(SEAL OR STAMP) Residing at CAMMARD ISLAND



Notary Public in and for the State of WASHINGTON

My appointment expires: AUGUST 27, 2027

(Based on REV 84 0017 (13-17))

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-014447

DATE ISSUED: 03/24/2023
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): LOUISE
LAST NAME(S): O'FLAHERTY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 22, 2023
HOUR OF DEATH: 08:50 AM
SEX: FEMALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 314 S 32ND PL
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8916
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: PHILADELPHIA, PA

FATHER: GEORGE CHAMBERLIN
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DARYL O'FLAHERTY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: MARCH 24, 2023

INFORMANT: DARYL O'FLAHERTY
RELATIONSHIP: HUSBAND
ADDRESS: 314 S 32ND PL, MOUNT VERNON, WA 98274

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #105
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JAKE WAGGONER

CAUSE OF DEATH:
A: ACUTE RESPIRATORY ARREST
INTERVAL: SECONDS TO MINUTES
B: PANCYTOPENIA WITH ACUTE BLOOD LOSS
INTERVAL: DAYS TO WEEKS
C: ACUTE MYELOCYTIC LEUKEMIA
INTERVAL: MONTHS
D:
INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: NICHOLAS GOODMAN, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 24, 2023

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO MEICORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MARCH 24, 2023

DCH 422-132 (6/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
 DOH 422-004 August 2019

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
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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:		2. Date of Event:		3. Place of Event:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
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: _____

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record currently shows:	9. The true fact is:
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature:	14b. Signature of 2nd 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

- 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 70.58 RCW, and at the direction of Greg Thompson, Health Officer.



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Exhibit "A"
Legal Description

Lot 18, EASTGATE ADDITION PLAT NO. 8, as per plat recorded in Volume 14 of Plats, pages 91 and 92, records of Skagit County, Washington.
Situate in the County of Skagit, State of Washington.