	01/23/2025 01:51 PM Pages: 1 of 4 Skagit County Auditor, WA
After recording, return to:	
Linda S Lamphican	
After recording, return to: Linda S Lamphiean 22521 Rhodes Road Sedio Woolley W.A 98284	
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SKAG DEPL	GIT COUNTY TREASURER JTY Lena Thompson
DATE	E <u>01/23/2025</u>
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Grantee (Heirs): <u>Loca Stanphical</u> Abbreviated Legal Description: LT 10, HILL COUNTRY SUBDIVIS	SION
Tax Parcel No.(s): P76489 / 4161-000-010-0005	Chicago Title
	620057903
INHERITANCE LACK OF PROBAT (To Be Recorded for Excise Tax Affidavit Claiming Excise Tax Affidavi	
STATE OF WA	
COUNTY OF Skan, t	
The undersigned, Lipda 5. Lamphical, execut	es this affidavit relating to the estate of
Danny M. Lamphi eas (herein "Decedent"), who	
in the County of Skaa T. State of WT	, then being a resident of the
City of Section Washer, County of Skag (_, State ofVA
(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 sl	
property described below.	
Relationship of the Affiant to the Decedent	
 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 instrumer	nt 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:)	

Affidavit (Lack of Probate) WA0000080.doc / Updated: 02.16.24

Printed: 01.14.25 @ 08:42 AM by MH -CT-FNRV-02150.620019-620057903

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:	Lisa hamphi	ear (d	aughte	27
Name and relationship:	Russel Lam	phicarl	son.	
Name and relationship:	Linda 34	amphiea	л (W	Je)
Name and relationship:				1

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:

LOT 10, HILL COUNTRY SUBDIVISION, AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 26, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

mDhi Print Name

State of County of Whatcom

This record was acknowledged before me on Linda S. Lamphica

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(Signature of notary public) Notary Ruplic in and for the State of _____f My commission expires: __()_-9-26-



Affidavit (Lack of Probate) WA0000060.doc / Updated: 02.16.24

Printed: 01.14.25 @ 08:42 AM by MH -CT-FNRV-02150.620019-620057903

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2019-002183

FIRST AND MIDDLE NAME(S): DANNY MACK LAST NAME(S): LAMPHIEAR

COUNTY OF DEATH: SKAGIT DATE OF DEATH: JANUARY 11, 2019 HOUR OF DEATH: 09:06 PM SEX: MALE SOCIAL SECURITY NUMBER:

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

BIRTH DATE: BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED SPOUSE: LINDA SUE TURCOTT

OCCUPATION: SHINGLE PACKER INDUSTRY: SHINGLE MILL EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE US ARMED FORCES: NO

INFORMANT: LINDA SUE LAMPHIEAR RELATIONSHIP: WIFE ADDRESS: 905 BEACHLEY ROAD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH: A: DIFFICULTY BREATHING INTERVAL: IMMEDIATE B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE INTERVAL: IMMEDIATE

INTERVAL:

Č:

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: EMERGENCY ROOM FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 905 BEACHLEY ROAD CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER/PARENT: THEODORE MACK LAMPHIEAR

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: JANUARY 18, 2019

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES ADDRESS: 281 S BURLINGTON BLVD CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233 FUNERAL DIRECTOR: PAUL L. GIBSON

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

CERTIFIER NAME: TIMOTHY O'KELLEY, DO TITLE: DO CERTIFIER ADDRESS: 1415 E KINCALD STREET CITY, STATE, ZIP: MOUNT VERNON, WA 98273 DATE SIGNED: JANUARY 17, 2019

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: JANUARY 17, 2019

PHOTOCOPIED

DOH 422

HINNING

DATE SSUED 01/23/2019 FEE NUMBER

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Howard Lebrard M.D., Howard Lebrard M.D., Howard

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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.