

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/14/2025

After recording, return to:
Atef Matni
Estate of Sydney Herbert Reynolds
4750 NE 203rd St
Shoreline, WA 98155

Chicago Title
620058022

Grantor (Name of Decedent): Rita Reynolds
Grantee (Heirs): Sydney Reynolds
Abbreviated Legal Description: UNIT 104, ROCKSIDE HOMES LACONNER, CONDOMINIUM NO. 1
Tax Parcel No.(s): P81372 / 4396-000-104-0009

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF washington

COUNTY OF skagit

The undersigned, Atef Matni, executes this affidavit relating to the estate of Rita Reynolds (herein "Decedent"), who died on 12/10/16, in the County of king, State of washington, then being a resident of the City of Seattle, County of King, 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): Executor of Rita

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(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: Sydney Reynolds spouse
Name and relationship: _____
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.

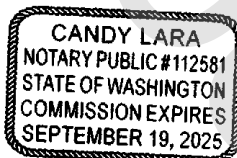
Atef Matni
Signature

ATEF MATNI
Print Name

State of Washington
County of Snohomish

This record was acknowledged before me on 2/12/2025 by
Atef Matni

Cody Lara
(Signature of notary public)
Notary Public in and for the State of WA
My commission expires: 9.19.25



DocuSign Envelope ID: 84EBBC59-C5C1-4509-9840-EFB18ED292B8

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P81372 / 4396-000-104-0009

UNIT 104, ROCKSIDE HOMES LACONNER, CONDOMINIUM NO. 1, ACCORDING TO DECLARATION THEREOF RECORDED APRIL 19, 1979, UNDER AUDITOR'S FILE NO. 7904190003 AND SURVEY MAP AND PLANS THEREOF RECORDED IN VOLUME 12 OF PLATS, PAGES 52 THROUGH 55, INCLUSIVE, 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: 2016-050736

DATE ISSUED: 12/16/2016

FEE NUMBER: 0601706015

GIVEN NAMES: RITA EILEEN
LAST NAME: REYNOLDS

COUNTY OF DEATH: PIERCE
DATE OF DEATH: DECEMBER 10, 2016
HOUR OF DEATH: 10:00 P.M.
SEX: FEMALE
AGE: 64 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ST. JOSEPH MEDICAL CENTER
CITY, STATE, ZIP: TACOMA, WASHINGTON 98405

SOCIAL SECURITY NUMBER: [REDACTED]
HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

RESIDENCE STREET: 3919 SW ARROYO DRIVE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98146
INSIDE CITY LIMITS? YES
COUNTY: KING

TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 50 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: BURKT OAK, UNITED KINGDOM

FATHER/PARENT: ERNEST GEORGE CRICK
MOTHER/PARENT: EVA [REDACTED]

MARITAL STATUS: MARRIED
SPONSOR: SYDNEY HERBERT REYNOLDS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA CREMATORY
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: DECEMBER 16, 2016

OCCUPATION: SECRETARY
INDUSTRY: AIRLINES
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
U.S. ARMED FORCES: NO

FUNERAL FACILITY: HOWDEN-KENNEDY FUNERAL HOME OF WEST SEATTLE
ADDRESS: 7601 35TH AVE SW
CITY, STATE, ZIP: SEATTLE WA 98126
FUNERAL DIRECTOR: LEN R. BURTON-HARDIN

INFORMANT: SYDNEY HERBERT REYNOLDS
RELATIONSHIP: HUSBAND
ADDRESS: 3919 SW ARROYO DRIVE, SEATTLE, WASHINGTON 98146

- CAUSE OF DEATH:
- A. ENCEPHALOPATHY
INTERVAL: DAYS
- B. INTRACRANIAL HEMORRHAGE
INTERVAL: DAYS
- 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:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: NAUDEEP S. RAI, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1108 S VAKTNA AVE, STE 500
CITY, STATE, ZIP: TACOMA WA 98405
DATE SIGNED: DECEMBER 14, 2016

STATUS OF OCCIDENT: IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEMS AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
DEBORAH PEVERSON
DATE RECEIVED: DECEMBER 16, 2016



DOH 02-003 (08/16)

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number: _____ Fee Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 now shows: _____ 9. The true fact is: _____

10. _____ 11. _____

12. _____ 13. _____

14. _____ 15. _____

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

16a. Signature: _____ Date: _____ 16b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

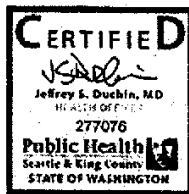
Death Certificates

1. Only the informant, the funeral director or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-032 October 2016



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