202507010065
07/01/2025 03:01 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

After recording, return to:
Elizabeth A O'Brien
1879 Brainers Rd
Freeland WA 98249

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/01/2025

Chicago Title
620059160

Grantor (Name of Decedent): Kevin M. O'Brien

Grantee (Heirs): Elizabeth A. O'Brien

Abbreviated Legal Description: LT 2, MOUNT VERNON SP NO. 4-95, REC NO. 9507280019
BEING PTN SW 21-34-04

Tax Parcel No.(s): P107740/340421-3-038-0200

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, Elizabeth A. O'Brien, executes this affidavit relating to the estate of Kevin M. O'Brien (herein "Decedent"), who died on 31 Aug 2021, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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: Elizabeth A. O'Brien - 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.

Elizabeth A. O'Brien
Signature

Elizabeth A. O'Brien
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 6-25-2025 by Elizabeth A. O'Brien.

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

LORRIE J THOMPSON
NOTARY PUBLIC #65760
STATE OF WASHINGTON
COMMISSION EXPIRES
JUNE 1, 2028

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P107740/340421-3-038-0200

LOT 2 OF MOUNT VERNON SHORT PLAT NO. 4-95, APPROVED JULY 8, 1995, RECORDED JULY 28, 1995, IN VOLUME 12 OF SHORT PLATS, PAGES 7 AND 8, UNDER AUDITOR?S FILE NO. 9507280019, RECORDS OF SKAGIT COUNTY, WASHINGTON;

BEING A PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER, SECTION 21, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

202507010065

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2021-043381**

DATE ISSUED: **09/15/2021**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **KEVIN MICHAEL**
LAST NAME(S): **O'BRIEN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **AUGUST 31, 2021**
HOUR OF DEATH: **02:34 PM**
SEX: **MALE** AGE: **58 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **JERSEY CITY, NJ**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **ELIZABETH ANN QUIGLEY**

OCCUPATION: **CLIENT MANAGER**
INDUSTRY: **SECURITY**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

INFORMANT: **ELIZABETH ANN O'BRIEN**
RELATIONSHIP: **WIFE**
ADDRESS: **2909 EAST SECTION STREET, MOUNT VERNON, WA 98274**

CAUSE OF DEATH:
A: **COVID PNEUMONIA**
INTERVAL: **30 DAYS**
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: **SKAGIT VALLEY HOSPITAL**
CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98274**

RESIDENCE STREET: **2909 EAST SECTION STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **4 YEARS**

FATHER: **WILLIAM JOSEPH O'BRIEN**
MOTHER: **JANET LEIGH** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **EVERGREEN CREMATION, LLC**

CITY, STATE: **OAK HARBOR, WASHINGTON**
DISPOSITION DATE: **SEPTEMBER 07, 2021**

FUNERAL FACILITY: **KERN FUNERAL HOME**

ADDRESS: **1122 S. 3RD STREET**
CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **DANIEL G LA PLAUNT**

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: **ALLEN L. JOHNSON, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1415 E. KINCAID STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**
DATE SIGNED: **SEPTEMBER 03, 2021**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **ALLEN JOHNSON, PHYSICIAN**

LOCAL DEPUTY REGISTRAR: **BELEN MARTINEZ**
DATE RECEIVED: **SEPTEMBER 07, 2021**

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

Washington State Department of Health
PO Box 47814
Olympia, WA 98504-7814
360-236-4300

DOH 422-034 August 2019

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

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:
3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) (First, Middle, Last)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) (First, Middle, Last)
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: (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

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. Proof documentation must be five or more years old or established within five years of birth.
4. 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 Acknowledgement 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

1. 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.
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 proof documentation.
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.

CERTIFIED

SEP 15 2021

Skagit County Health Department
Howard Leibrand M.D., Health Officer

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

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