

After recording, return to:  
Shirley Songhurst  
648 NW 19th St  
Moore, OK 73160

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Kaylee Oudman  
DATE 08/06/2025

Chicago Title  
620059453

Grantor (Name of Decedent): Timothy Christopher Songhurst  
Grantee (Heirs): Shirley Songhurst  
Abbreviated Legal Description: TRACT 4, SP NO. 17-82, REC NO. 8307220001; being PTN SW  
Tax Parcel No.(s): P45175 / 351012-3-001-0303 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

The undersigned, Shirley Songhurst, executes this affidavit relating to the estate of Timothy Christopher Songhurst (herein "Decedent"), who died on 6-10-25 in the County of Skagit, State of Washington then being a resident of the City of Mardemount, 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: Shirley Sandhurst, 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:

TRACT 4 OF SKAGIT COUNTY SHORT PLAT NO. 17-82, AS APPROVED JULY 18, 1983, AND RECORDED IN VOLUME 6 OF SHORT PLATS, PAGE 73, UNDER AUDITOR'S FILE NO. 8307220001, RECORDS OF SKAGIT COUNTY, WASHINGTON;

BEING A PORTION OF THE SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN;

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.

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.

Shirley Sandhurst by Suzanne Jeanene Craighed as attorney in fact  
Signature

Shirley Sandhurst by Suzanne Jeanene Craighed, as attorney in fact  
Print Name

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

State of Oklahoma  
County of Oklahoma

This record was acknowledged before me on July 31, 2025 by  
Shirley Songhurst by Suzanne Jeanene Craighead, as attorney in fact.

Valerie D. Dunn, notary public  
(Signature of notary public) valerie D. Dunn  
Notary Public in and for the State of Oklahoma  
My commission expires: 09-29-2027



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-029835

DATE ISSUED: 06/16/2025  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TIMOTHY CHRISTOPHER  
LAST NAME(S): SONGHURST  
AKA: TIM SONGHURST

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 10, 2025 FOUND  
HOUR OF DEATH: 12:43 PM FOUND  
SEX: MALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:  
BIRTHPLACE: SPOKANE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SHIRLEY MARY PATRICIA WARD

OCCUPATION: OFFICER  
INDUSTRY: ARMED FORCES - ARMY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

INFORMANT: SUZAN CRAIGHEAD  
RELATIONSHIP: SISTER IN LAW  
ADDRESS: 648 NW 19TH STREET, MOORE, OK 73160

CAUSE OF DEATH:  
A: CARDIOPULMONARY ARREST  
INTERVAL: 5 MINUTES  
B: ACUTE HYPOXIC RESPIRATORY FAILURE  
INTERVAL: 15 MINUTES  
C: INTERSTITIAL LUNG DISEASE  
INTERVAL: 5 YEARS  
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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 7664 POWERLINE ROAD  
CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267

RESIDENCE STREET: 7664 POWERLINE ROAD  
CITY, STATE, ZIP: MARBLEMOUNT, WA 98267  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: MERLIN C HERD  
MOTHER: DOROTHY

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JUNE 18, 2025

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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

CERTIFIER NAME: MORGAN F. MERRILL, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1990 HOSPITAL DR  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284  
DATE SIGNED: JUNE 16, 2025

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 250611-16  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JUNE 16, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



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.

DOH 422-034 August 2019

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 Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction.

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: 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, Date.

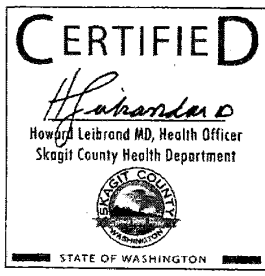
INSTRUCTIONS - go to www.doh.wa.gov for more information. Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident 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 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 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.

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



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