



202511260058

11/26/2025 02:56 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

Peregrine O'Gormley
17165 Snee-Oosh Rd.
LaCouver, WA 98257

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 3863
NOV 26 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By UT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Peregrine O'Gormley being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is the son
Relationship to decedent
of Harriette Gertrude Barber, who died on Feb. 1 2023
Decedent/Grantor Date
at La Couver Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOTS 4 AND 5, BLOCK 21, MAP OF MILLETT'S ADDITION TO MT VERNON, AS
PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 63, RECORDS OF
SKAGIT COUNTY, WASHINGTON. TOGETHER WITH THAT PORTION OF THE
ADJACENT VACATED ALLEY WHICH HAS REVERTED THERETO BY
OPERATION OF LAW. ORDER NO. 1623.

Assessor's Property Tax Parcel/Account Number: Parcel #: P53645
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Peregrine Kip O'Garmley Son
17165 Snee-Opsk Rd. La Conner, WA 98257
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 11/25/2025
Peregrine Kip O'Gormley
Affiant's full name

360-770-8511
Telephone number

17165 Snee-Oosh Rd.
Street

La Conner, WA 98257
City State Zip Code

[Signature]
Signature

11/26/2025
Date

State of washington County of Skagit

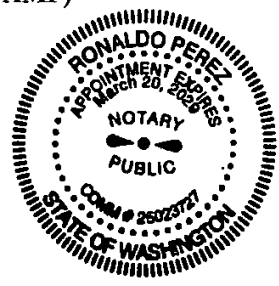
I know or have satisfactory evidence that Peregrine Kip O'Gormley
(name of person)

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: 11/26/25

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: 1400 Commercial Ave

Notary Public in and for the State of washington

My appointment expires: march 20 2029

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-005446

DATE ISSUED: 02/07/2023
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): HARRIETTE GERTRUDE
LAST NAME(S): BARBER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 01, 2023
HOUR OF DEATH: 03:30 PM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 17165 SNEE-OOSH ROAD
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

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

RESIDENCE STREET: 17165 SNEE-OOSH ROAD
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: SWINHOMISH
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: NEWARK, NJ

FATHER: BENJAMIN BARBER
MOTHER: VALERIA [REDACTED]

MARITAL STATUS: SINGLE, NEVER MARRIED
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: NURSE PRACTITIONER
INDUSTRY: MEDICAL
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: FEBRUARY 06, 2023

INFORMANT: PEREGRINE O'GORMLEY
RELATIONSHIP: SON
ADDRESS: PO BOX 513, LA CONNER, WA, 98257

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 03, 2023

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: FEBRUARY 03, 2023



Affidavit for Correction

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

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: MM/DD/YYYY
3. Place of Event: (City or County)
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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 13)

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

14a. Signature: Printed name: Date:
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
Adult (18 years or older)
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.

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.



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.



0 6 0 7 6 6 0 2

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