 **Reset This Form**

Return Address:

B. Arlene Hammond
503 Windmill Lane
Burlington, WA 98233

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/14/2026

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee B. Arlene Hammond, 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 surviving spouse

Relationship to decedent
of Sinclair Elliott Hammond, who died on June 14, 2025
Decedent/Grantor *Date*
at Burlington Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Unit 13, FARMINGTON SQUARE CONDOMINIUM, according to the Declaration thereof
recorded January 28, 2004, under Auditor's File No. 200401280083, and Survey Map and Plans
thereof recorded January 28, 2004, under Auditor's File No. 200401280084, records of Skagit
County, Washington.

Situated in Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: 4828-000-013-0000, P121258

- 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)

 **Print This Form**

B. ARIENE HAMMOND SPOUSE of SINCENIR ELLIOTT HAMMOND

Full name, age, relationship, address

503 WINDMILL LANE

BURLINGTON, WA 98233

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: 3-24-26

B. Arlene Hammond

Affiant's full name

(206) 818-5588

Telephone number

503 Windmill Lane

<u>Burlington</u>	<u>Washington</u>	<u>98233</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>B. Arlene Hammond</u>	<u>3-24-26</u>
<i>Signature</i>	<i>Date</i>

State of WASHINGTON County of SKAGIT

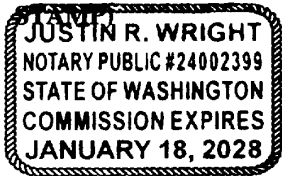
I know or have satisfactory evidence that B. ARLENE HAMMOND
(name of person)

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: 3 / 24 / 26


Signature of Notary Public

(SEAL OR



Residing at: SKAGIT

Notary Public in and for the State of WASHINGTON

My appointment expires: JAN / 18 2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER 2025-030219

DATE ISSUED: 06/18/2025
FEE NUMBER: 37FIRST AND MIDDLE NAME(S): SINCLAIR ELLIOTT
LAST NAME(S): HAMMONDCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 14, 2025
HOUR OF DEATH: 06:30 AM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTHPLACE: PORTLAND, ORMARITAL STATUS: MARRIED
SURVIVING SPOUSE: BERTHA ARLENE KIBBYOCCUPATION: SALES
INDUSTRY: FURNITURE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YESINFORMANT: BERTHA ARLENE HAMMOND
RELATIONSHIP: SPOUSE
ADDRESS: 503 WINDMILL LANE BURLINGTON, WA 98233CAUSE OF DEATH:
A: IDIOPATHIC PARKINSON'S DISEASE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LEFT HIP FRACTURE

DATE OF INJURY: MARCH 13, 2025
HOUR OF INJURY: 03:00 AM APPROXIMATE
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCELOCATION OF INJURY: 503 WINDMILL LANE
CITY, STATE, ZIP: BUR, WASHINGTON 98233
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 503 WINDMILL LANE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 503 WINDMILL LANE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARSFATHER: SINCLAIR ROBLEY HAMMOND
MOTHER:METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JUNE 19, 2025

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

ADDRESS: 118 WEST STUART RD
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: SEAN C. RILEYMANNER OF DEATH: ACCIDENT
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: HAYLEY THOMPSON, CORONER
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 16, 2025CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 250616-897
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JUNE 17, 2025



Affidavit for Correction

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:	3. Place of Event:	
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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:

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 foregoing is true and correct.

14a. Signature:		14b. Signature of 2 nd 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 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.

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 Amy Harley, Health Officer.

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



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