

When recorded return to:
Glenn A. Maloy
46641 Baker Loop Rd
Concrete, WA 98237



201608120123

Skagit County Auditor \$111.00
8/12/2016 Page 1 of 6 3:12PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620027168

DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Glenn A. Maloy
Washington, State of

Additional names on page _____ of document

GRANTEE(S)

Estate of Jerris Y Maloy
Public

Additional names on page _____ of document

Land Title and Escrow

#155644-
0

ABBREVIATED LEGAL DESCRIPTION

Lot(s): Ptn Tract J Conway Acreage

Complete legal description is on page _____ of document

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2016 3524
AUG 12 2016

TAX PARCEL NUMBER(S)

P64521 / 3885-000-010-0507

Additional Tax Accounts are on page _____ of document

Amount Paid \$ 0
Skagit Co. Treasurer
By *Wlm* Deputy

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Cassandra Mitchell Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

After recording, return to:

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

STATE OF WA)
COUNTY OF SKAGIT) SS:

The undersigned, Glenn A. Maloy, executes this affidavit relating to the estate of JERRIS Y. MALOY (herein "Decedent"), who died on 1-9-2015, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of Concrete, County of SKAGIT, State of WA. (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 the 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 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

Glenn A. Maloy - Scott D. Maloy

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship Glenn Anthony Maloy SON

Name & relationship SCOTT DOUGLAS MALOY SON

Name & relationship _____

Name & 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:

[INSERT either complete legal description, or refer to attachment for full legal description]

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.

DATED: 08/12/16, 20

[Signature]
(Signature)

Glenn A. Maloy
(Print or type full name)

46641 Baker Loop Rd, Concrete, WA 98237
(Full address and telephone number) (360) 395-8808

State of WA
County of SKAGIT

SUBSCRIBED and SWORN TO before me this 12th day of August, 2016,
by Glenn, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

[Signature]
Notary Public in and for the State of WA
residing at Snohomish CO

KATHERYN A. FREEMAN
STATE OF WASHINGTON
NOTARY PUBLIC
My Commission Expires 9-01-2018

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-001568

DATE ISSUED: 01/20/2015

FEE NUMBER: 000000029

GIVEN NAMES: JERRIS V
LAST NAME: MALOY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 09, 2015
HOUR OF DEATH: 03:56 P.M.
SEX: FEMALE
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MEXICO, NEW YORK

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: POSTAL TIME KEEPER
INDUSTRY: US POSTAL SERVICE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: GLENN MALOY
RELATIONSHIP: SON
ADDRESS: 46641 BAKER LOOP RD CONCRETE, WA 98237

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 46641 BAKER LOOP RD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: HOMER C SPENCE
MOTHER: LICILLE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ANDERSON CEMETERY
CITY, STATE: STANWOOD, WA
DISPOSITION DATE: JANUARY 22, 2015

FUNERAL FACILITY: GILBERTSON FUNERAL HOME
ADDRESS: 27001 88TH AVE NW/PO BOX 1569
CITY, STATE, ZIP: STANWOOD WA 98292
FUNERAL DIRECTOR: DAVID BRANDT

- CAUSE OF DEATH:
- A. STAPHYLOCOCCAL NEUTROPENIC SEPTIC SHOCK
INTERVAL: DAYS
 - B. PANCYTOPENIA
INTERVAL: MONTHS
 - C. EVANS SYNDROME
INTERVAL: 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:

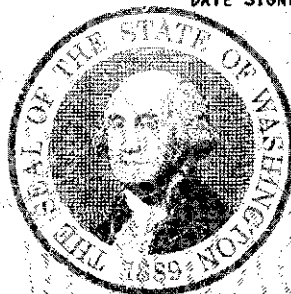
MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: JANUARY 15, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

ATTENDING PHYSICIAN:
MALIK FUIMAONO MD

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JANUARY 20, 2015



Affidavit for Correction

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

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
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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

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

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify) _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____
(Printed Name)

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:	Birth Record	Full Nuncupent Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.

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

Death Certificates

- 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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014



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

BB00052557

EXHIBIT "A"

Order No.: 620027168

For APN/Parcel ID(s): P64521 / 3885-000-010-0507

Those portions of Tract "J", Conway Acreage, according to the plat thereof, recorded in Volume 3 of Plats, page 45, records of Skagit County, Washington, described as follows:

(a) Beginning at the north line of Tract "J" at a point 248.2 feet east of the northwest corner thereof; thence south 50 feet parallel with the west line thereof; thence east 114.93 feet; thence north 03°01' east 50.06 feet; thence west 117.57 feet to the place of beginning.

(b) Also beginning at a point 248.2 feet east and 100 feet north of the southwest corner of said Tract "J"; thence north 50 feet; thence east 114.93 feet; thence south 03°01' west 50.06 feet; thence west 112.30 feet to the place of beginning.

Situate in Skagit County, Washington.