

Return Address:

L. MALAKI  
20184 SINNES RD.  
MT. VERNON, WA  
98274

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 06/27/2023

GNW 23-18481

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee LORE D. MALAKI JR being first duly sworn  
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is HUSBAND  
Relationship to decedent

of LORETTA JOAN MALAKI who died on 12/11/17  
Decedent/Grantor Date

at MT. VERNON, SKAGIT WA  
City County State

**REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)**

Abbreviated Legal Descriptions: RESIDENCE 20184 SINNES  
RD. MT. VERNON, WA 98274

Section 16, Township 33 North, Range 4 East-  
Ptn SW (aka Tract 1 SP 94-008)

**Assessor's Property Tax Parcel/Account Numbers: (List All)**

P16677/330416 -3-001-0700  
(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
(See attached copy) or

Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
State of Washington as Superior Court Cause No. \_\_\_\_\_.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Full name, age and relationship  
LOPE B. MALAKI JR. 74 YRS.  
MT. VERNON, WA 98274  
Address City State Zip

20624 SINNES RD. WA. 98274  
Address City State Zip

Full name, age and relationship  
AMY C. MALAKI DAUGHTER 34 YRS  
Address City State Zip

468 WAGNER PL MEMPHIS TN 38103  
Address City State Zip

Full name, age and relationship  
BRIAN CLAY RICHARDS SON 62 YRS  
Address City State Zip

800 LINCOLN ST. MT. VERNON, WA 98273  
Address City State Zip

Full name, age and relationship  
DIANE MARIE FOX DAUGHTER 60 YRS  
Address City State Zip

~~17413~~ BLODGET MT. VERNON 98274  
Address City State Zip

Full name, age and relationship  
Address City State Zip

Full name, age and relationship  
Address City State Zip

Full name, age and relationship  
Address City State Zip

Full name, age and relationship  
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Full name, age and relationship  
Address City State Zip

Full name, age and relationship  
Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 2,500,000 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (  ) OR those shown on an attachment (s) hereto (  ).

The Affiant further declares that the decedent had (  ) OR had never (  ) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: June 26, 2023

Affiant's full name LOPE D MALAKI JR. Telephone number 360 94-7425

Street 20104 SINKIES RD City MT WENDELL State WA Zip Code 98274

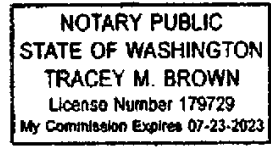
State of Washington County of Skagit

I know or have satisfactory evidence that LOPE D. MALAKI, JR. (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: June 26, 2023 [Signature]  
Signature of Notary Public

(SEAL OR STAMP) Residing at Cumano Island



Notary Public in and for the State of WA

My appointment expires: July 23, 2023

(Based on REV 84 0017 (1/3/17))

**EXHIBIT A**

**LEGAL DESCRIPTION:** Real property in the County of Skagit, State of Washington, described as follows:

Tract 1 of SKAGIT COUNTY SHORT PLAT NO. 94-008, approved March 25, 1996, and recorded March 29, 1996, under Auditor's File No, 9603290058, in Volume 12 of Short Plats, page 89, records of Skagit County, Washington, being a portion of the North Half of the Southwest Quarter of Section 16, Township 33 North, Range 4 East of the Willamette Meridian.  
Situating in Skagit County, Washington.

Tax Parcel ID No. P16677/330416-3-001-0700

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

**CERTIFICATE OF DEATH**

CERTIFICATE NUMBER: 2017-053300

FIRST AND MIDDLE NAME(S): LORETTA JOAN  
LAST NAME(S): MALAKI

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 11, 2017  
HOUR OF DEATH: 03:25 AM  
SEX: FEMALE                      AGE: 79 YEARS  
SOCIAL SECURITY NUMBER: ██████████

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

BIRTH DATE: ██████████  
BIRTHPLACE: MERRICK, OK

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: LOPE DELUTE MALAKI JR

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: LOPE DELUTE MALAKI JR  
RELATIONSHIP: HUSBAND  
ADDRESS: 20184 SINNES RD. MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: ALZHEIMERS DEMENTIA  
INTERVAL: 4 YEARS  
B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OSTEOARTHRITIS, CHRONIC PAIN.

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

DATE ISSUED: 06/21/2023  
FEE NUMBER:

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 20184 SINNES RD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 20184 SINNES RD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: NO                      COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER: ROLAND HAVER  
MOTHER: ██████████

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 12, 2017

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: REX E. WATT

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: JONATHAN K. PLOUDRE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2116 EAST SECTION STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: DECEMBER 12, 2017

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: JONATHAN PLOUDRE, PHYSICIAN

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: DECEMBER 12, 2017

001422-1825 SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

 <b>Health</b> DOH 422-034 August 2019		<b>Affidavit for Correction</b> This is a legal document. Complete in ink and do not alter.		Mail to: <b>Center for Health Statistics</b> P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300		
<b>STATE OFFICE USE ONLY</b>						
State File Number		Fee Number		Initials	Date	
<b>Required information must match current information on record</b>						
<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____					
	7. Return Mailing Address: PO Box or Street Address City State Zip Telephone Number: Email Address:					
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>						
8. The record currently shows:			9. The true fact is:			
10.			11.			
12.			13.			
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>						
14a. Signature: Printed name: Date:			14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:			
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>						
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) <b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>						
<b>Birth Certificates</b>						
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. <b>The proof(s) must match the asserted fact(s).</b> 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).						
<b>Child under 18</b>			<b>Adult (18 years or older)</b>			
• 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. *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.						
<b>Death Certificates</b>						
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.						
<b>Marriage/Dissolution (Divorce) Certificates</b>						
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.

