

Return Address:

Ricky R. + Dana D. Erb
3715 W. 8th St.
Anacortes WA 98201

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/26/2024

GNW 24-20886-KM

**** PAGE 5 HAS BEEN ALTERED ****

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Dana D. Erb 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 daughter
Relationship to decedent:
of Charlia O'Neil who died on 5/4/24
Decedent/Grantor Date
at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: _____
Lts 16 + 17, Blk 170, Anacortes

Lots 16 and 17, Block 170, Map of the City of Anacortes, Skagit County, Washington, according to the plat
thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

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

956092

(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):

Dana O'Neil Erb daughter
Full name, age and relationship
3715 W 8th Anacortes WA 98221
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
Address City State Zip

Full name, age and relationship
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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 \$ 635,000 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: 5-3-24

X Dana O'Neil Erb 360-299-0320
Affiant's full name Telephone number
3715 W 8th Street Anacortes, WA 98221
Street City State Zip Code

State of WA County of Skagit

I know or have satisfactory evidence that Dana O. Erb
(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: 5/30, 2024 [Signature]
Signature of Notary Public

(SEAL) [Signature]
Residing at Solo Woolley

Notary Public in and for the State of WA

My appointment expires: 6/19, 2025

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

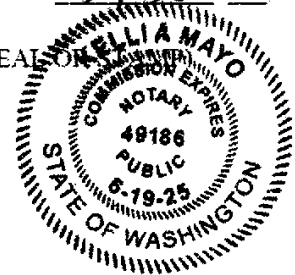


EXHIBIT "A"
Property Description

Closing Date: June 26, 2024
Buyer(s): John Wesely Huggins and Mary Ellen Huggins
Property Address: 1908 9th Street, Anacortes, WA 98221

PROPERTY DESCRIPTION:

Lots 16 and 17, Block 170, MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON, according to the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-023001

DATE ISSUED: 05/14/2024
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): CHARLIA KAY
LAST NAME(S): ONEIL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 04, 2024
HOUR OF DEATH: 09:10 PM
SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL EMERGENCY ROOM
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-2590

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

RESIDENCE STREET: 1908 9TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221-1412
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: ARLINGTON, VA

FATHER: ASBURY WATTS
MOTHER: NELLIE

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

OCCUPATION: SALES - RETAIL
INDUSTRY: SALES/RETAIL - GENERAL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: MAY 14, 2024

INFORMANT: DANA ERB
RELATIONSHIP: DAUGHTER
ADDRESS: 3715 W 8TH ST, ANACORTES, WA 98221

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JAKE WAGGONER

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: 10 YEARS
B: CORONARY ARTERY DISEASE
INTERVAL: 10 YEARS
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: NOT APPLICABLE

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

CERTIFIER NAME: AARON D. BRINKLOW, DO
TITLE: DO
CERTIFIER ADDRESS: 1990 HOSPITAL DR
CITY, STATE, ZIP: SEDRO-WOLLEY, WASHINGTON 98284
DATE SIGNED: MAY 13, 2024

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: MARIA VIVANCO
DATE RECEIVED: MAY 14, 2024



Affidavit for Correction

06/26/2024 12:53 PM Page 6 of 6
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
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Required information must match current information on record

Required	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: _____
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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: _____	Printed name: _____
Date: _____	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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.



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



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