

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
213926-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 12/17/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Brett Larkins, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

the son of
Herbert Anthony Larkins,
Relationship to decedent *Decedent/Grantor Name*

who died on November 16, 2024 at
Date

Kirkland King Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 47, Skvline No. 2

Assessor's Property Tax Parcel/Account Number: 3818-000-047-0001/P59094
(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)

Janis Lee Larkins, 91, Wife

12629 116th Ave NE #235 Kirkland WA 98034
Full name, age, relationship, address

Laurie Ann Palmer, 63, Daughter

278 Hawk's Ridge Road, Chelan WA 98816
Full name, age, relationship, address

Brett Anthony Larkins, 57, Son

4746 48th Ave NE, Seattle WA 98105
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: 12.12.2024

Brett Anthony Larkins
Affiant's full name

(206) 890-6572
Telephone number

4746 48th Avenue NE
Street

Seattle Washington 98105
City State Zip Code

[Signature]
Signature

12/12/24
Date

STATE OF WASHINGTON

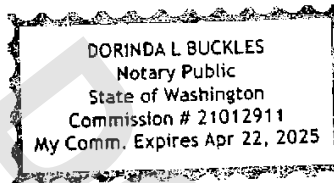
COUNTY OF King

Signed and sworn to (or affirmed) before me on this 12 day of Dec ⁰⁸ Feb, 2024 by Brett Larkins aka Brett Anthony Larkins.

[Signature]
Signature

Notary Public
Title

My appointment expires: 4/22, 2025



Legal Description

Lot 47, SKYLINE NO. 2, according to the plat thereof recorded in Volume 9 of Plats, pages 59 and 60, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-056404

DATE ISSUED: 11/20/2024
FEE NUMBER: 1706146

FIRST AND MIDDLE NAME(S): HERBERT ANTHONY
LAST NAME(S): LARKINS

COUNTY OF DEATH: KING
DATE OF DEATH: NOVEMBER 16, 2024
HOUR OF DEATH: 03:40 PM
SEX: MALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 12629 116TH AVE NE
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

RESIDENCE STREET: 12629 116TH AVE NE 235
CITY, STATE, ZIP: KIRKLAND, WA 98034
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 MONTHS

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

FATHER: ANDREW JACKSON LARKINS
MOTHER:

BIRTH DATE:
BIRTHPLACE: BALTIMORE, MD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: WASHELLI CREMATORY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JANIS NICHOLSON

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 21, 2024

OCCUPATION: FISHERIES BIOLOGIST
INDUSTRY: US GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

FUNERAL FACILITY: CASCADE MEMORIAL BELLEVUE

INFORMANT: LAURIE PALMER
RELATIONSHIP: DAUGHTER
ADDRESS: 278 HAWKS RIDGE RD CHELAN, WA 98816

ADDRESS: 13620 NE 20TH STREET
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98005
FUNERAL DIRECTOR: AMANDA J. MORT

CAUSE OF DEATH:
A: SPINAL STENOSIS WITH POLYNEUROPATHY
INTERVAL: 6 MONTHS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALZHEIMER'S DEMENTIA

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: JOSHUA LE, DO
TITLE: DO
CERTIFIER ADDRESS: 9750 THIRD AVE NE STE 375
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115
DATE SIGNED: NOVEMBER 19, 2024

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DARIN WISE
DATE RECEIVED: NOVEMBER 20, 2024



Affidavit for Correction

12/17/2024 12:43 PM Page 6 of 6

Public 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:		

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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2nd 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 Numeric 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.
- *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, executor/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.



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



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