



201608190122

Skagit County Auditor \$76.00
3/19/2016 Page 1 of 4 3:33PM

Return Address:
Wilhelmina C. Harlock
Attorney at Law
720 Main St., Ste. 227
Mount Vernon, WA 98273

LACK OF PROBATE AFFIDAVIT

JOANNA RANDALL BRUNO, being first duly sworn, deposes and says:

The undersigned affiant is a resident of Skagit County, Washington, and is the Surviving Spouse of MARIO ANTHONY BRUNO, deceased, who died on March 28, 2015, at Mount Vernon, County of Skagit, Washington, and is the sole and rightful heir to the real property described below.

The undersigned affiant, JOANNA RANDALL BRUNO acquired her interest in the title to the property as Joan R. Bruno, per Statutory Warranty Deed executed on December 6, 1975, and recorded under Skagit County Auditor's Number 827153. Joan Randall Bruno had her name legally changed to JOANNA RANDALL BRUNO, by Order of Skagit County District, Case No. NC99-91, entered November 22, 1999, and recorded under Auditor's No. 199911240006.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: ANDERSON'S TO BURLINGTON LESS N 10FT OF 20 & 21 BLK 1 DK 12

Assessor's Property Tax Parcel / Account Number: P 72445

Full Legal Description: Lots 20 and 21, Block 1, "Anderson's Addition to Burlington", according to the Plat recorded in Volume 3 of Plats, Page 84, records of Skagit County, Washington, Except the North 10 feet thereof.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked. The undersigned affiant, as the surviving spouse, is the sole heir of the decedent per the terms of Decedent's Will.

DATED: August 19, 2016.

Joanna Randall Bruno

JOANNA RANDALL BRUNO

Tel: 360-840-3002

1217 E. Washington Ave.

Burlington, WA 98233

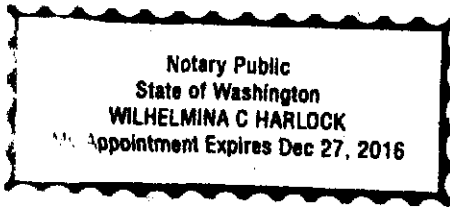
STATE OF WASHINGTON)

) ss.

COUNTY OF SKAGIT)

I know, or have satisfactory evidence that JOANNA RANDALL BRUNO is the person who appeared before me, and said person acknowledged that she signed this affidavit and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the Affidavit.

DATED: August 19, 2016



Wilhelmina C Harlock

Wilhelmina C. Harlock

Residing at: Mount Vernon, WA

Notary Public in and for the State of Washington

My appointment expires December 27, 2016.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-009080

DATE ISSUED: 04/03/2015

FEE NUMBER: 000000029

GIVEN NAMES: MARIO ANTHONY
LAST NAME: BRUNO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 28, 2015
HOUR OF DEATH: 02:50 P.M.
SEX: MALE
AGE: 61 YEARS

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

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1217 E. WASHINGTON AVE.
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 61 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: TORRINGTON, LITCHFIELD CNTY, CONNECTICUT

FATHER: UNKNOWN
MOTHER: ANGELINA [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: JOANNA RANDALL

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 02, 2015

OCCUPATION: SUPERVISOR OF N.O.M.O. NAS
INDUSTRY: UNITED STATES GOVERNMENT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOUD

INFORMANT: JOANNA RANDALL BRUNO
RELATIONSHIP: SPOUSE
ADDRESS: 1217 E. WASHINGTON AVE. BURLINGTON, WA 98233

- CAUSE OF DEATH:
- A. ISCHEMIC CARDIOMYOPATHY
INTERVAL: YEARS
 - B. CORONARY ARTERY DISEASE
INTERVAL: YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
VENTRICULAR FIBRILLATION, HYPOXIC ENCEPHALOPATHY

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: BRIAN A. KENDREGAN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: APRIL 01, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 01, 2015

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





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
-------------------	------------	----------	------	------------------

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:

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

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

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 Numident 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

CERTIFIED

APR 03 2015

Howard Leibrand

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

BB00184496