



201808090017

08/09/2018 11:03 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Betty Jayne Saenz, being first duly sworn
Name of Affiant

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

property described below, and is Spouse
Relationship to decedent

of Manuel Saenz, who died on 5/23/17
Decedent/Grantor Date

at Mount Vernon Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 8, Plat of Montreaux,
Phase I, as per plat recorded on July 23, 2007,
under Auditor's File NO. 200707230124, records
of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: P126401
(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)

(Page 1 of _____)

BETTY J. SAENZ, 80, WIFE
4308 SYCAMORE CT, MOUNT VERNON, WA 98274

Full name, age, relationship, address

Julie Saenz (McConnell) step-daughter
Ojai

Full name, age, relationship, address

Jenny Saenz (Owen) step-daughter
Ojai

Full name, age, relationship, address

Suzanna Dolan - sister, husband's, 80's
El Paso, TX

Full name, age, relationship, address

Armando Saenz, brother, husband's, 80's
El Paso, TX

Full name, age, relationship, address

Poncho Saenz, brother, husband's

Full name, age, relationship, address

Caroline Saenz, step-daughter
Santa Barbara, CA age 60?

Full name, age, relationship, address

Robert Saenz, brother, husband's

Full name, age, relationship, address

Dated: August 9, 2017

Betty Jayne Saenz
Affiant's full name

(360) 982-2254
Telephone number

4308 Sycamore Ct.

Mount Vernon WA 98274
City State Zip Code

Betty Jayne Saenz Aug 9, 2018
Signature Date

State of WASHINGTON County of SKAGIT

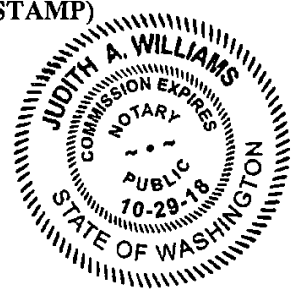
I know or have satisfactory evidence that BETTY JAUNIE SAENZ
(name of person)

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: 8/9/18

Judith A. Williams
Signature of Notary Public

(SEAL OR STAMP)



Residing at: STANWOOD

Notary Public in and for the State of WA

My appointment expires: 10/29/18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-023626

DATE ISSUED: 05/26/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MANUEL
LAST NAME(S): SAENZ JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 23, 2017
HOUR OF DEATH: 11:30 PM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4308 SYCAMORE CT
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO
RACE: MEXICAN

RESIDENCE STREET: 4308 SYCAMORE CT
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 32 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: EL PASO, EL PASO COUNTY, TEXAS

FATHER/PARENT: MANUEL SAENZ
MOTHER/PARENT: JULIA [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: BETTY JAYNE BARR

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

OCCUPATION: AUDITOR
INDUSTRY: US GOVT DEFENSE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 26, 2017

INFORMANT: BETTY JAYNE SAENZ
RELATIONSHIP: WIFE
ADDRESS: 4308 SYCAMORE CT MOUNT VERNON WA 98274

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

CAUSE OF DEATH:
A: PANCREATIC CANCER
INTERVAL: 1 YEAR

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LIVER METS AND PULMONARY EMBOLI

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

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MAY 25, 2017

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 26, 2017

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201808090017

Center for Health Statistics
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

08/09/2018 11:03 AM

Page 5 of 5

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
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: MM/DD/YYYY		3. Place of Event: City or County
4. Father/Parent Full Legal 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: _____ State _____ Zip _____				
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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

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. 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.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 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

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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

Death Certificates

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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.

Marriage/Dissolution (Divorce) Certificates

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 documentary proof.
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.

DOH 422-034 October 2015



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

CERTIFIED

MAY 26 2017

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



0 1 4 4 0 4 9 7