

202002130075

02/13/2020 01:53 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

AFTER RECORDING RETURN TO:
Jayne Marsh Gilbert
314 Pine St., Suite 211
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020 FEB 13 2020

Amount Paid \$
Skagit Co. Treasurer
By *MH* Deputy

**AFFIDAVIT: LACK OF PROBATE
(With Death Certificate)**

FERNANDO MARTINEZ being first duly sworn upon oath, deposes and says:

I am the son of **JOSE JESUS MARTINEZ** who is the rightful heir, as listed on the Heirs at Law, to the real property described below. **JOSE JESUS MARTINEZ** and **MARIA LUISA MARTINEZ** were owners of the real property. **MARIA LUISA MARTINEZ** died on April 2, 2014 in the City of Bellingham, County of Whatcom, State of Washington. A certified copy of her Death Certificate is attached hereto. Her spouse, my father, **JOSE JESUS MARTINEZ**, survived her but passed away on April 29, 2019.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Legal Description:

Lot 23, "PARTINGTON PLACE DIV. 2", as per plat thereof recorded in Volume 14 of Plats, pages 191-192, records of Skagit County, State of Washington.

Assessor's Tax Parcel ID #: P100387 / 4568-000-023-0002

Status of Will

No Will has been located for the decedent and the Affiant believes no Will existed at the time of decedent's death.

Heirs At Law:

Affiant hereby identifies the sole heir at law of the Decedent:

<u>Name and Address</u>	<u>Age</u>	<u>Relationship</u>
Jose Jesus Martinez	Legal	Surviving Spouse (Now Deceased)

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number 434		Washington State Certificate of Death				State File Number
1. Legal Name (Include AKA's if any) - First Middle LAST		2. Death Date				
Maria Luisa Martinez		April 2, 2014				
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death	
Female	72				Whatcom	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education		
	Tangancicuaro	Michoacan		6th Grade		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Yes Mexican				Mexican		
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.)				13b. City or Town		
3407 Bennett Drive				Bellingham		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Whatcom				Washington	98226	
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)				
6 Years	Married	Jose Jesus Martinez				
17. Usual Occupation (Indicate type of work done during most of working life. (do not use RETIRED))				18. Kind of Business/Industry (Do not use Company Name)		
Housewife				Homemaking		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)			
Pascual Chavez						
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Jose Luis Martinez		Son	210 N 15th Street Apt. 2 Mt. Vernon WA 98273			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
Inpatient				N/A		
25. Facility Name (if not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code.
PeaceHealth St. Joseph Medical Center				Bellingham	WA	98225
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		
Cremation		Mount Vernon Cemetery Crematory		Mount Vernon, Washington		
31. Name and Complete Address of Funeral Facility					32. Date of Disposition	
Kern Funeral Home, 1122 S. 3rd Street, Mount Vernon, Washington 98273					April 5, 2014	
33. Funeral Director Signature X				33. Funeral Director Signature X		
<i>Sigurd O. Aase</i>				Sigurd O. Aase		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Congestive heart failure</i> Interval between Onset & Death: <i>2 weeks</i>						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <i>Coronary artery disease</i> Interval between Onset & Death: <i>20 years</i>						
c. <i>Hypertension</i> Interval between Onset & Death: <i>30 years</i>						
d. Interval between Onset & Death:						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>D. diabetes type 2</i>						
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accidental <input type="checkbox"/> Pending <input type="checkbox"/> Suicide		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: Apt. No.				46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated		
X <i>Bruce Pederson MD</i>				X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		51. Name and Title of Attending Physician if other than Certifier (Type or Print)
Bruce Pederson, MD, 8097 Harborview Road, Blaine, WA 98230				1715		
52. Date Signed (mm/dd/yyyy)				53. Title of Certifier		
4/4/2014				Medical Doctor		
54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
MD00014727						
57. Registrar Signature X				58. Date Received (mm/dd/yyyy)		
<i>Greg Stein MD</i>				APR 04 2014		
59. Amendments						



DOH/CHS 003 March 2012

DOH 01-003 (1/13)



Affidavit for Correction

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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Use the section below for requesting any changes on the record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution		
1. Name on record: First: _____ Middle: _____ Last: _____	2. Date of Event: _____	3. Place of Event: _____ City or County
4. Father/Parent Full Birth Name (For Birth) (Spouse A for Marriage or Dissolution) _____	5. Mother/Parent Full Birth Name (For Birth) (Spouse B for Marriage or Dissolution) _____	

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: <input type="checkbox"/> Self <input checked="" type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify) _____	Telephone Number: _____
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ (Printed Name)	16. Date: _____	17. Address: _____
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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	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
	Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
	Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
	Passport	Hospital/Medical Record	

- 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**
 - Only parent(s) or legal guardian can change the birth certificate.
 - 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.
 - 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, 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.
4. **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 someone other than the informant listed on the certificate. 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.

RECEIVED
HEALTH DEPARTMENT
DO NOT DESTROY

DOH 422-034 August 2013

APR 14 2014

Greg Stern MD
GREG STERN M.D.
HEALTH OFFICER

ZZ00209712

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-019419

DATE ISSUED: 05/01/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOSE JESUS
LAST NAME(S): MARTINEZ

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 28, 2019
HOUR OF DEATH: 04:30 AM

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 903 SOUTH 27TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 903 SOUTH 27TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MORELIA MICHOACAN MEXICO

FATHER/PARENT: MOISES MARTINEZ
MOTHER/PARENT: JUANA [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

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

OCCUPATION: LABORER
INDUSTRY: FARMING
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 02, 2019

INFORMANT: FERNANDO MARTINEZ
RELATIONSHIP: SON
ADDRESS: 903 SOUTH 27TH STREET, 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: METASTATIC PROSTATE CANCER
INTERVAL: 3 YEARS

B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE

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:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: DIANE M. KAPLAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 N. LAVENTURE ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: APRIL 30, 2019

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: ISABEL M. CARBAJAL
DATE RECEIVED: MAY 01, 2019



Affidavit for Correction

Mail to: 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	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: First Middle Last		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) 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 Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____
P.O. Box or Street Address _____ City _____ 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 foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ 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

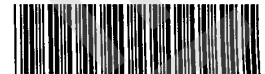


Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

MAY 0 1 2019

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



0 2 1 3 8 9 9 4