

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Patricia A. Artt	legal	daughter
Charles A. Killgo	legal	son

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

LOT 18, ASPEN LANE PHASE 2, ACCORDING TO THE PLAT THEREOF RECORDED MAY 11, 2007, UNDER AUDITOR'S FILE NO. 200705110088, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

5. Status of the Will (if any)

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 01/16/2022. The Will devises and states that:

Article III. Distribution of Estate

All of my property, real, personal, mixed, wherever situated, including all of my residual estate, I hereby give, devise and bequeath, outright, to my loving and trustworthy daughter PATRICIA A. ARTT, per stirpes. To reiterate, she is to inherit everything in my estate, including my home in Burlington, Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/21/2022
FEE NUMBER: 310122

CERTIFICATE NUMBER: 2022-003011

FIRST AND MIDDLE NAME(S): ROSE MARIE
LAST NAME(S): KILGO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 19, 2022
HOUR OF DEATH: 11:52 AM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: OAKLAND, CA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: ASSEMBLY LINE WORKER
INDUSTRY: ELECTRONICS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: PATRICIA ARTT
RELATIONSHIP: DAUGHTER
ADDRESS: 1033 ASPEN LANE BURLINGTON WA 98233

CAUSE OF DEATH:
A: PROBABLE ACUTE PERITONITIS
INTERVAL: 2 DAYS
B: ASCITES RELATED TO CIRRHOSIS AND ACUTE RENAL FAILURE
INTERVAL: 2 MONTHS
C: CRYPTOGENIC LIVER FAILURE
INTERVAL: 3 MONTHS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PORTAL HYPERTENSION,
GASTROINTESTINAL BLEEDING WITH VARICES, HYONATREMIA,

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1033 ASPEN LANE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1033 ASPEN LANE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER: JESUS ORTEGA
MOTHER: MERCEDE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: JANUARY 21, 2022

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

ADDRESS: 1914 4TH ST
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270
FUNERAL DIRECTOR: GINA L. LANDERHOLM

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 19, 2022

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JANUARY 21, 2022



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: Month, Day, Year
3. Place of Event: City or County
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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: PO 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 13)

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

14a. Signature: Printed name: Date:
14b. Signature of 2nd parent (if required): Printed name: 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

- 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. Proof documentation must be five or more years old or established within five years of birth.
4. 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.

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.

Death Certificates

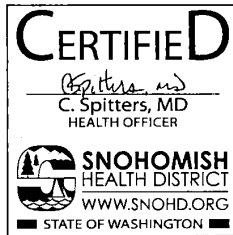
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
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 proof documentation.
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.



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



0 5 1 5 9 3 1 9