



202210260015

10/26/2022 10:02 AM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Return Address:

Jesus Martinez  
415 Milwaukee st.  
Mt. Vernon WA. 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Dena Thompson  
DATE 10-26-22

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Jesus David Martinez Perez, 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 Sole survivor est. brother  
*Relationship to decedent*  
of Jose Juan Martinez Perez, who died on 11-25-2021  
*Decedent/Grantor* *Date*  
at Mount Vernon Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lt 3, BLK A, Riverside to Mt. Vernon

Assessor's Property Tax Parcel/Account Number: P54214  
(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 \_\_\_\_\_)

Jesus David Martinez Perez, 33, Brother, 415 Milwaukee  
St. Mt. Vernon, WA. 98273

*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

Dated: 10-26-22

Jesus David Martinez Perez

Affiant's full name

(360) 941-1618

Telephone number

415 Milwaukee st

Mount Vernon WA 98273  
City State Zip Code

Jesus Martinez 10-26-22  
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Jesus David Martinez Perez  
(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: 10 / 26 / 22

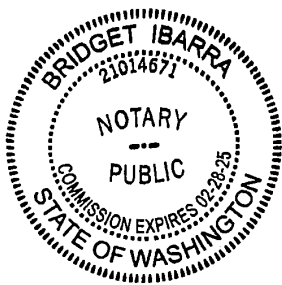
[Signature]  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Mount Vernon

Notary Public in and for the State of Washington

My appointment expires: 02/28/2025





# STATE OF WASHINGTON DEPARTMENT OF HEALTH


**CERTIFICATE OF DEATH**

CERTIFICATE NUMBER: 2021-063703

DATE ISSUED: 12/14/2021  
FEE NUMBER:FIRST AND MIDDLE NAME(S): JOSE JUAN  
LAST NAME(S): MARTINEZ-PEREZCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 25, 2021  
HOUR OF DEATH: 10:40 PM  
SEX: MALE AGE: 31 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO  
RACE: HISPANICBIRTH DATE: [REDACTED]  
BIRTHPLACE: TAMAUlipAS MEXICOMARITAL STATUS: SINGLE, NEVER MARRIED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: NOT EMPLOYED  
INDUSTRY: NEVER EMPLOYED  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOINFORMANT: DAVID MARTINEZ PEREZ  
RELATIONSHIP: BROTHER  
ADDRESS: 415 MILWAUKEE STREET MOUNT VERNON, WA, 98273CAUSE OF DEATH:  
A: SEQUELAE OF COVID-19 INFECTION  
INTERVAL: DAYS-WEEKSB:  
INTERVAL:C:  
INTERVAL:D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DOWN SYNDROME

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: 415 MILWAUKEE STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273RESIDENCE STREET: 415 MILWAUKEE STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 28 YEARSFATHER: JUAN JOSE MARTINEZ GARCIA  
MOTHER: CECILIA PEREZ [REDACTED]METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 16, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL  
AUTOPSY: YES  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: YES  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: DEBORAH HOLLIS  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: NOVEMBER 27, 2021CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 211126-121  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: DECEMBER 14, 2021



Affidavit for Correction

10/26/2022 10:02 AM Page 5 of 5
Marion County 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

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: MM/DD/YYYY 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:
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: Date: 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 Acknowledgement 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.



\*CERTIFIED\*

DEC 14 2021

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



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