

AFTER RECORDING MAIL TO:

Name Ysella Ann Perez
Address 5 Mule Deer
City/State Mayhill, NM 88339

Document Title(s):

1. Affidavit (Lack of Probate) and Certificate of Death

Reference Number(s) of Documents Assigned or released:

Grant 24-19827-TO

Grantor(s):

1. Oscar Jesus Perez
 2. Ysella Ann Perez
- [] Additional information on page of document

Grantee(s):

1. The Public
- [] Additional information on page of document

Trustee:

1. First American Title Insurance Company

Abbreviated Legal Description:

Lot 8, DIGBY HEIGHTS PHASE I *SEE ATTACHED EXHIBIT A

Tax Parcel Number(s):

P128448/4984-000-008-0000

Return Address:

Ysella A. Perez
3447 Barry Place
Mount Vernon, WA 98274

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Ysella A 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 spouse

Relationship to decedent

of Oscar J Perez, who died on April 6, 2023

Decedent/Grantor

Date

at Mount Vernon Skagit Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

3447 Barry Place
Mount Vernon, WA 98274

Assessor's Property Tax Parcel/Account Number: P128448/4984-000-008-0000
(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 3)

Ysella A. Perez 3447 Barry Place, Mount Vernon, WA 98274

65 years old, spouse

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 3-4-2024

Ysella A Perez

Affiant's full name

360-661-8540

Telephone number

3447 Barry Place

<u>Mount Vernon</u>	<i>Street</i> <u>WA</u>	<u>98274</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u><i>Ysella A. Perez</i></u>	<u>3-4-2024</u>
<i>Signature</i>	<i>Date</i>

State of Washington County of Snohomish

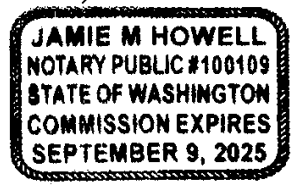
I know or have satisfactory evidence that Ysella A. Perez
(name of person)

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: 3, 4, 2024

Jamie M. Howell
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Snohomish

Notary Public in and for the State of WA

My appointment expires: 9, 9, 2025

EXHIBIT "A"
Property Description

Closing Date: April 1, 2024
Buyer(s): Joan Kosgei
Property Address: 3447 Barry Place, Mount Vernon, WA 98274

PROPERTY DESCRIPTION:

Lot 8, DIGBY HEIGHTS PHASE I, according to the plat thereof, recorded April 15, 2009, under Auditor's File No. 200904150063, records of Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-016996

DATE ISSUED: 04/07/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): OSCAR JESUS
LAST NAME(S): PEREZ

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 06, 2023
HOUR OF DEATH: 06:15 AM
SEX: MALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: YSELLA MONTOYA

OCCUPATION: CABINET MAKER
INDUSTRY: COMMERCIAL CABINETS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: YSELLA PEREZ
RELATIONSHIP: WIFE
ADDRESS: 3447 BARRY PLACE MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: ACUTE RENAL FAILURE
INTERVAL: 10 DAYS
B: HEPATORENAL SYNDROME
INTERVAL: 10 DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CIRRHOSIS

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 3447 BARRY PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: UNKNOWN
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 07, 2023

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 06, 2023

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

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: APRIL 07, 2023

DOH422-1325SKAGIT (2/22)

Washington State Department of Health
DOH 422-034 August 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 information must match current information on record

Required	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 Birth 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 foregoing is true and correct.

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

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.


*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.

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.

CERTIFIED

Karen D. Leibrand
Karen D. Leibrand MD, Health Officer
Skagit County Health Department



STATE OF WASHINGTON



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