

Return Address:

GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 09/12/2024

GNW 24-21444

AFFIDAVIT (LACK OF PROBATE) (R)

The undersigned affiant/grantee Maria Velazquez, 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 Reyes Velazquez, who died on March 6, 2024
Decedent/Grantor *Date*

at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 97, Plat of Cedar Heights PUD,
Phase 1

Assessor's Property Tax Parcel/Account Number: P125793/4917-000-097-
(Attach full legal description of the property) 0000

- 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)

Marta Velazquez 71

Spouse 4441 Jacob Place, Mt Vernon, WA 98274

Full name, age, relationship, address

Maria Yessenta Minjares 50

Daughter 4441 Jacob Place, Mt Vernon, WA 98274

Full name, age, relationship, address

Noe Julian Velazquez 43

Son 1808 N 40th Pl, Mount Vernon WA 98273

Full name, age, relationship, address

Rexy Miguel Velazquez 40

Son 4441 Jacob Pl., Mt Vernon, WA 98274

Full name, age, relationship, address

Marco Antonio Velazquez 37

Son 409 Madison Street, Everett WA 98203

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 9-10-24

Maria Vebzquez
Affiant's full name

360-399-4284
Telephone number

4441 Jacob Place
Street

Mount Vernon WA
City State

98274
Zip Code

Maria A Vebzquez
Signature

9-10-24
Date

State of Washington County of Skaagit

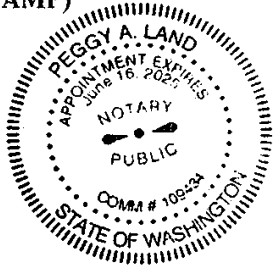
I know or have satisfactory evidence that Maria Vebzquez
(name of person)

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: 9, 10, 24

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: stanwood

Notary Public in and for the State of Washington

My appointment expires: June 16 2025

Exhibit "A"
Property Description

LOT 97, PLAT OF CEDAR HEIGHTS PUD, PHASE 1, ACCORDING TO THE PLAT
THEREOF RECORDED JANUARY 19, 2007, UNDER AUDITOR'S FILE NO.
200701190116, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-011266

DATE ISSUED: 03/11/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): REYES
LAST NAME(S): VELAZQUEZ ESTRADA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 06, 2024
HOUR OF DEATH: 01:00 AM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 4441 JACOB PL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-3012

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

RESIDENCE STREET: 4441 JACOB PL
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-3012
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHILAPA NAYARIT MEXICO

FATHER: ANTONIO VELAZQUEZ
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARIA GARCIA MARTINEZ

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: LA GUADALUPANA CEMENTERIO

OCCUPATION: LINE WORKER
INDUSTRY: FOOD PROCESSING
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

CITY, STATE: CHAPALILLA NAYARIT, MEXICO
DISPOSITION DATE: MARCH 08, 2024

INFORMANT: MARIA VELAZQUEZ
RELATIONSHIP: WIFE
ADDRESS: 4441 JACOB PLACE MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

CAUSE OF DEATH:
A: HEMORRHAGIC CEREBRAL VASCULAR ACCIDENT
INTERVAL: 3 MONTHS
B: ATHEROSCLEROTIC ARTERY DISEASE
INTERVAL: 15 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
TYPE 2 DIABETES, SACRAL OSTEOMYELITIS

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: NOT APPLICABLE

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 07, 2024

LOCATION OF INJURY:


CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

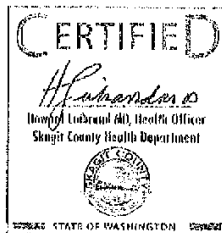
CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MARCH 07, 2024

		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
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:		2. Date of Event:	3. Place of Event:	
	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: <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:					
Telephone Number:			Email Address:		
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:					
8. The record currently shows:			9. The true fact is:		
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 2 nd 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:					
<ul style="list-style-type: none"> o Birth/Marriage/Divorce record o Military record (DD-214) o School transcripts o Social Security Number Report o Certificate of Naturalization o Hospital/medical record o Copy of Passport / Enhanced ID o 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 DCH 422-159).					
Child under 18					
<ul style="list-style-type: none"> o If legal guardian(s), include certified court order proving guardianship. o 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. o No proof is required to change the first or middle name.* o To correct parent's information, one proof documentation is required. o 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)					
<ul style="list-style-type: none"> o Only the adult can change his or her birth certificate. o If the first or middle name is missing, three pieces of proof documentation are required. o 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. o 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, executor/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.					

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



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