



200707200184
Skagit County Auditor

When Recorded, Return To:
Michael L. Lewis
506 Main
Mount Vernon, WA 98273

AFFIDAVIT RE: LACK OF PROBATE

STATE OF WASHINGTON)
)
) : ss.
)
COUNTY OF SKAGIT)

SOFIA GONZALES, being first duly sworn, deposes and says:

THAT affiant is the lawful surviving spouse of Juan A. Gonzalez, who died on June 15, 2007, at Mount Vernon, Washington, then being a resident of Skagit County, Washington. Decedent left no Will, nor during his lifetime did decedent execute, with affiant, a Community Property survivorship Agreement. All of the property of decedent and affiant was community property. Under the laws of intestate succession in the State of Washington, affiant is the sole heir and beneficiary of decedent.

Each and all of the obligations against the marital community and against the estate of said decedent (including but not limited to: debts of decedent; expenses of decedent's last illness, funeral and burial expenses) have been paid in full or provided for, except as follows: Promissory Note and Deed of Trust dated June 23, 2006, owing to Bank of America, Loan No.3304528544.

Affiant states that the total community property of decedent and affiant was approximately \$200,000 in current market value. There was no separate property of decedent as of the date of his death.

Among other items of property was the following described real estate:

LOT 3, "LA VENTURE MEADOWS", ACCORDING TO PLAT RECORDED IN VOLUME 11 OF PLATS, PAGE 77, RECORDS OF SKAGIT COUNTY, WASHINGTON. SUBJECT TO EASEMENTS, RESTRICTIONS AND RESERVATIONS OF RECORD.

P80180

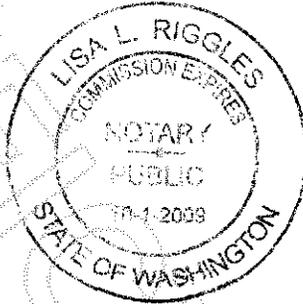
THAT this affidavit is made solely to induce any title insurance company to insure title to real property in which decedent held an interest at the time of his death. Affiant urges the title company to issue its policy of title insurance in full reliance upon the herein representations.

DATED this 13th day of July, 2007.

Sofia Gonzales

SOFIA GONZALES

SUBSCRIBED AND SWORN to before me this 13th day of July, 2007, by Sofia Gonzales.



Lisa L. Riggles

Lisa L. Riggles
Notary Public in and for the State of
Washington. My commission expires:
10/1/2009.



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7/20/2007 Page

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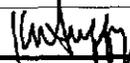
4 2:01PM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **470-07**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any): First Juan Middle GONZALES LAST GONZALES Suffix			2. Death Date June 15, 2007		
3. Sex (M/F) M	4a. Age - Last Birthday 73	4b. Under 1 Year Months 73 Days	4c. Under 1 Day Hours 73 Minutes	5. Social Security Number 460-90-6262	6. County of Death Skagit
7. Birthdate Dec 5, 1933		8a. Birthplace (City, Town, or County) Donna	8b. (State or Foreign Country) Texas	9. Decedent's Education Grade 8 or less	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. Yes Mexican			11. Decedent's Race(s) Mexican		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 816 Laventure				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98273-	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 30y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Sofia Ibarra	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Foreman			18. Kind of Business/Industry (Do not use Company Name) Farm		
19. Father's Name (First, Middle, Last, Suffix) Manuel Gonzales			20. Mother's Name Before First Marriage (First, Middle, Last) Beatriz Garcia		
21. Informant's Name Martina Carreon		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. 1413 Skagit St. City or Town Mount Vernon State WA Zip 98273-		
24. Place of Death, if Death Occurred in a Hospital: Life Care Center of Mount Vernon			Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home		
25. Facility Name (If not a facility, give number & street or location) Life Care Center of Mount Vernon			26a. City, Town, or Location of Death Mount Vernon		26b. State WA
27. Zip Code 98274		28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park	
30. Location-City/Town, and State Mount Vernon, Washington			31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398		
32. Date of Disposition Jun 20, 2007			33. Funeral Director Signature X 		

Part 1 completed by Funeral Director

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

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. Aspiration Pneumonia	Interval between Onset & Death Weeks
b. Cerebrovascular disease	Interval between Onset & Death Months
c. _____	Interval between Onset & Death _____
d. _____	Interval between Onset & Death _____

35. Other significant conditions contributing to death but not resulting in the underlying cause given above _____

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide
 Accident Undetermined
 Suicide Pending

39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death
 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably No 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? Yes No Unk

45. Location of Injury: Number & Street _____ Apt. No. _____
 City or Town: _____ County: _____ State: _____ Zip Code + 4: _____

46. Describe how injury occurred _____

47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify) _____

48a. Certifying Physician: (to the best of my knowledge, death was caused by the cause stated on this certificate) **X** **Henry Pfeort**

48b. Medical Examiner/Coroner: (to the best of my knowledge, death was caused by the cause stated on this certificate) **X**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Henry Pfeort 1400 East Kincaid, Mount Vernon, WA 98274**

50. Hour of Death (24hrs) **1930**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) _____

52. Date Signed (MM/DD/YYYY) **6/19/2007**

53. Title of Certifier **Dr.** 54. License Number **MD 00041816** 55. ME/Coroner File Number _____ 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature **X** **Connie Anderson, Deputy** 58. Date Received (MM/DD/YYYY) **JUN 20 2007**

59. Amendments _____



DOH/CHS 003 Rev 2/06/2004



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Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife 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: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

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.

DOH/CHS 023 (Rev. 9/2002)



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Skagit County Auditor

CERTIFIED*
JUN 20 2007
Brand M.D.
Royal Leibbrand M.D., Health Officer

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