

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. BOX 1788
Mount Vernon, WA 98273
(360) 336-6587



Skagit County Auditor \$78.00
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DOCUMENT TITLE(S): AFFIDAVIT OF SURVIVING SPOUSE

REFERENCE NUMBER(S):

GRANTOR: CHARLES E. GENOVESE

GRANTEE: PUBLIC

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20134088
OCT 08 2013

LEGAL DESCRIPTION:

Amount Paid \$ *e*
Skagit Co. Treasurer
By *nam* Deputy

Aldercrest Condominiums, (DR19) Building B, Unit 5

ASSESSOR PARCEL / TAX ID NUMBER: TPN: 4420-000-005-0009 (P82016)

AFFIDAVIT OF SURVIVING SPOUSE

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

CHARLES E. GENOVESE, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of MARILYN A. GENOVESE, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property located in Skagit County, Washington:

TPN: 4420-000-005-0009 (P82016)

Aldercrest Condominiums, (DR19) Building B, Unit 5.

Legal description more fully described on attached Exhibit "A" and incorporated herein by this reference.

SECOND, I was the surviving spouse of MARILYN A. GENOVESE and we acquired this property as husband and wife.

THIRD, that said Decedent died on the 16th day of June, 2013 in Skagit County, State of Washington. (Certificate of Death attached as Exhibit B)

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.



SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
CHARLES E. GENOVESE 12454 Gwen Drive, #5 Burlington, WA 98233	Spouse	Legal
RANDY A. JENSEN 19926 Lei Garden Rd. Burlington, WA 98233	Son	Legal
ARTHUR JENSEN 13339 Bay View Rd. Mount Vernon, WA 98273	Son	Legal
DIANE B. THOMAS 16 Briarcreek Court Newark, DE 19711	Step-Daughter	Legal
CHARLENE A. SMITH 7200 Hilda Street SE Salem, OR 97301	Step-Daughter	Legal

DATED this 2nd day of October, 2013.



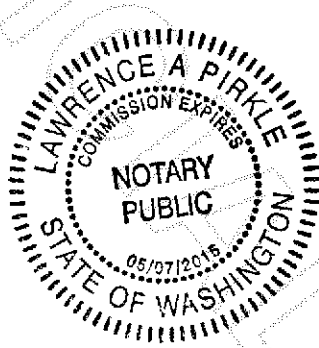
CHARLES E. GENOVESE



STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that CHARLES E. GENOVESE is the individual who appeared before me, and said individual acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 2nd day of October, 2013.



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/15



201310080043

EXHIBIT "A"

Apartment Unit 5 "ALDERCREST APARTMENTS", a Condominium, as shown on Survey Map and Floor Plans recorded May 7, 1980, in Volume 13 of Plats, pages 3, 4, 5 and 6, under Auditor's File No. 8005070005 and as identified in Declaration recorded May 7, 1980 under Auditor's File No. 8005070004, records of Skagit County, Washington.

TOGETHER WITH an undivided 4.9% interest in the common areas described in Article 6 of said Declaration.

Floor Elevation Plans of which are recorded under Auditor's File No. 8005270025, in Volume 13 of Plats, page 7, records of Skagit County, Washington.

Said Condominium being a portion of Lot 19, Plat of "COUNTRY CLUB ESTATES", as per plat recorded in Volume 11 of Plats, pages 5 and 6, records of Skagit County, Washington, TOGETHER WITH Tract 1 of Short Plat No. 87-79, recorded under Auditor's File No. 7908170013, records of Skagit County, Washington, and also being a portion of the Southeast 1/4 of the Northeast 1/4 of Section 2, Township 34 North, Range 3 East W.M..

Said Condominium is intended for single family residence, the post office address of which is 12454 Gwen Drive #5, Burlington, Washington 98233.

Subject to: All covenants, conditions, restrictions, reservations, agreements and easements of record, if any.



201310080043

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-007192

DATE ISSUED: 06/20/2012

FEE NUMBER: 000000029

GIVEN NAMES: MARILYN ANN
LAST NAME: GENOVESE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 16, 2012
HOUR OF DEATH: UNKNOWN
SEX: FEMALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: CONNEAUT LAKE, PENNSYLVANIA

MARITAL STATUS: MARRIED
SPOUSE: CHARLES GENOVESE

OCCUPATION: BOOKKEEPER
INDUSTRY: ACCOUNTING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: CHARLES GENOVESE
RELATIONSHIP: HUSBAND
ADDRESS: 12454 GWEN DRIVE #5, BURLINGTON, WA, 98233

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ASHLEY GARDENS OF MOUNT VERNON
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 12454 GWEN DRIVE 5
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: JOSEPH D CLARK
MOTHER: ANNA R [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JUNE 20, 2012

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: ADAM J. CRENNA

- CAUSE OF DEATH:
- A. SEVERE ALZHEIMER'S DEMENTIA
INTERVAL: YEARS
 - B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:



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OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

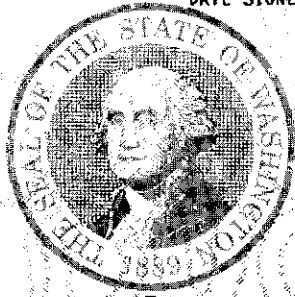
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SANDEEP BAL, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: JUNE 19, 2012

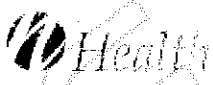
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JUNE 20, 2012



Affidavit for Correction

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	Area 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 (or Spouse 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. _____	8. _____
10. _____	10. _____
12. _____	12. _____

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify): _____

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.
 All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Medical Record, School Transcripts, 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, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, grandparent, or the child's guardian (18 or older) may change the birth certificate.
- The proof must match the already established facts. 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 Ann, or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be filed within five years of birth.
- Up to age 18, the parent or guardian may change the child's last name with an affidavit for correction, provided:
 - This is a correction of a clerical error, changes will require a certified copy of a court-ordered name change.
 - The new last name will be either the maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age 18, last name changes require a certified copy of a court-ordered name change. Minor spelling changes may be made with an affidavit and document any proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until the 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 executor/administrator (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 info (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 0239 2/14/11



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CERTIFIED

JUN 20 2012

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

VV00361027