

After recording, return to:  
Dorothy Carbajal  
14321 50th Avenue SE  
Everett, WA 98208



201611160034

Skagit County Auditor  
11/16/2016 Page

1 of

\$109.00  
4 11:42AM

CHICAGO TITLE  
620027360

Grantor (Name of Decedent): Giovanni M. Barone  
Grantee (Heirs): Dorothy Carbajal  
Abbreviated Legal Description: Lot(s) 1-5, Block 15, Hamilton Company's\*  
Tax Parcel No.(s): P73704 / 4113-015-005-0009  
\* Second Add to the town of Hamilton

**INHERITANCE LACK OF PROBATE AFFIDAVIT and Death Cert.**

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington  
COUNTY OF Snohomish

The undersigned, Dorothy Carbajal, executes this affidavit relating to the estate of Giovanni M. Barone (herein "Decedent"), who died on June 24, 2012 in the County of Snohomish, State of Washington, then being a resident of the City of Bothell, County of Snohomish, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ Surviving child of the Decedent  
☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, WASHINGTON  
☐ other (identify): \_\_\_\_\_

Affidavit (Lack of Probate)  
WA0000080.doc / Updated: 06.07.16

20165182  
NOV 16 2016

Printed: 08.23.16 @ 04:18 PM by LR  
WA-CT-FNBO-02150.622443-245382151

Amount Paid \$0  
Skagit Co. Treasurer  
By nam Deputy

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

**5. Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Dorothy Carbajal  
Signature

Address: 14321 50th Ave SE  
Everett, WA 98208

Dorothy Carbajal  
Print Name

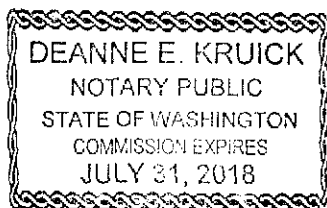
Phone: 425-218-7819

Dated: August 24, 2016

State of Washington

County of  Snohomish

Signed and sworn to (or affirmed) before me on  Aug 24, 2016  by  Dorothy   
 Carbajal  (name of person making statement).



Deanne E. Kruick  
Name:  DEANNE   
Notary Public in and for the State of Washington,  
Residing at:  Snohomish   
My appointment expires:  July 31, 2018

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
0-2102							
1. Legal Name (please print) First Middle Last Suffix		2. Death Date					
Giovanni Michele Barone		06/24/2012					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
M	50	Months	Days		Snohomish		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education				
	Buenos Aires	Argentina	Some College Credit; No Degree				
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No	
Yes: Argentinian				Hispanic			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)						13b. City or Town	
21202 9th Avenue Southeast						Bothell	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Snohomish				Washington	98021	XX Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
10 Years		Married		Dorothy Waage			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Retail Business Owner				Retail			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name (First, Middle, Last)			
Michele Barone				Leonor			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Dorothy Barone		Spouse		21202 9th Ave SE, Bothell, Washington		98021	
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
				21202 9th Avenue Southeast			
26a. City, Town, or Location of Death		26b. State		27. Zip Code			
Bothell		WA		98021			
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Cady Cremation Services		Kent, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
A Sacred Moment, Inc., 1910 120th Pl SE Ste 102, Everett, WA 98208						07/02/2012	
33. Funeral Director Signature X							
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. Glioblastoma				Interval between Onset & Death 22 months			
Due to (or as a consequence of):				Interval between Onset & Death			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				Interval between Onset & Death			
Due to (or as a consequence of):				Interval between Onset & Death			
Due to (or as a consequence of):				Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street				46. Describe how injury occurred			
47. If transportation injury, specify:							
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X Maciej M. Mielke				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Maciej Mielke, MD 195 9th NE Pacific St, Seattle, WA 98195				10:15			
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				06/27/12			
53. Title of Certifier	54. License Number	55. File Number		56. Was case referred to ME/Coroner?			
MD	MD 000463	SM 2132		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature				58. Date Received (mm/dd/yyyy)			
X [Signature]				JUL 02 2012			
59. Amendments							





# 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	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.

**Most changes must be established by documentary proof submitted with the affidavit**

Examples of documentary proof:	Certificate of Naturalization	Numerical Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-204)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

### Birth Certificates:

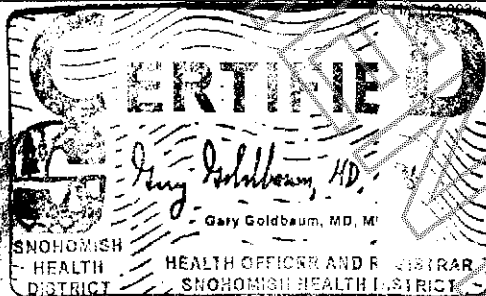
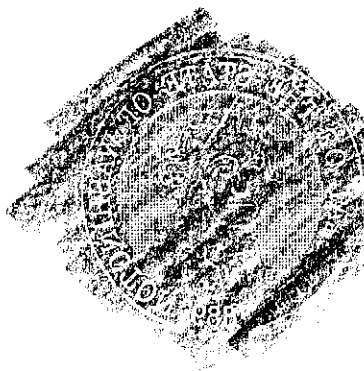
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child (under 18)**
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, three pieces of documentary proof are required.
  - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - 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.



WW00474824

JUL 31 2012