



201701250058

Skagit County Auditor

\$77.00

1/25/2017 Page

1 of

5 2:01PM

**Filed for Record at request of
and return to:**

STILES LAW INC., P.S.

P.O. Box 228 / 925 Metcalf Street

Sedro Woolley, WA 98284

Address: 1418 Eagle Ridge Drive, Mount Vernon, WA 98274
Legal : Lot 11, Eagle Ridge Fairway Villa A Condominium
Tax Parcel # 4804-000-011-0000 / P119673

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)

) ss.

County of Skagit)

The affiant, MONIKA R. ZERNIA, executes this affidavit relating to the estate of DEXTER C. ZERNIA, the Decedent, who died on January 16, 2017, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

MONIKA R. ZERNIA, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- ☒ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child of the Decedent
☐ One 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Monika R. Zernia 1418 Eagle Ridge Drive Mount Vernon, WA 98274	legal	spouse

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:

Unit 11, EAGLE RIDGE FAIRWAY VILLA, a condominium, recorded on November 5, 2002, under Auditor's File No. 200211050117, records of Skagit County, Washington.

Situated in Skagit County, Washington.

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

- ☐ The decedent left no Will that devises real property.
- ☒ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated December 21, 2016.
The Will devises and states that:

III.(A) I hereby give, devise and bequeath all of the rest, residue and remainder of my property of every kind, nature and description, wheresoever located or situated, outright to my spouse, Monika R. Zernia.

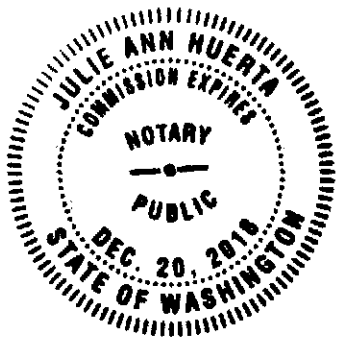
DATED: 1-24-17, 2017

Monika R. Zernia
Monika R. Zernia - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Monika R. Zernia** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24 day of January, 2017.



David A. Hunter
Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires 12-20-18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-002353

DATE ISSUED: 01/23/2017

FEE NUMBER: 0000000029

GIVEN NAMES: DEXTER CLIVE
LAST NAME: ZERNIA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 16, 2017
HOUR OF DEATH: 02:30 P.M.
SEX: MALE
AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MILWAUKEE, WISCONSIN

MARITAL STATUS: MARRIED
SPOUSE: MONIKA AXT

OCCUPATION: EXECUTIVE
INDUSTRY: BUSINESS FORMS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: MONIKA ZERNIA
RELATIONSHIP: WIFE
ADDRESS: 1418 EAGLE RIDGE DR. MOUNT VERNON WA 98274

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1418 EAGLE RIDGE DR
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: RAYMOND ZERNIA
MOTHER/PARENT: NELLIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE, ZIP: MOUNT VERNON, WA
DISPOSITION DATE: JANUARY 19, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A. END STAGE RENAL DISEASE
INTERVAL: DAYS
B. SYSTOLIC CONGESTIVE HEART FAILURE
INTERVAL: YEARS
C. AORTIC STENOSIS
INTERVAL: YEARS
D.
INTERVAL:

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? NO
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: JANUARY 18, 2017

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:
CHERYL PETERSON
DATE RECEIVED: JANUARY 18, 2017

DOH 01-003 (10/15)



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 Legal 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 now shows:	9. The true fact is:
10.	11.
12.	13.
14.	15.

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

16a. Signature: 16b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



CERTIFIED

JAN 23 2017

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

8G00363475