

201703130158  
Skagit County Auditor  
3/13/2017 Page 1 of 6 \$78.00  
4:12PM

Return Address:

JESUS IBARRA  
19563 BURKLAND RD  
MOUNT VERNON WA  
98274

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee JESUS IBARRA, 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 SURVIVING SPOUSE  
*Relationship to decedent*

of AMELIA CARDEON DE IBARRA, who died on 03-14-2016  
*Decedent/Grantor* *Date*

at MOUNT VERNON SKAGIT WASHINGTON 98274  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: 5-33-4 NW SE

Assessor's Property Tax Parcel/Account Number: P 16346  
(Attach full legal description of the property)

- 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)

(Page 1 of \_\_\_\_\_)

JESUS IBARRA 18563 BURKLAND RD MV, WA 98274

81 SURVIVING SPOUSE

Full name, age, relationship, address

DAGOBERTO IBARRA 18563 BURKLAND RD MV, WA 98274

48 SON

Full name, age, relationship, address

CECILIA CHAMORRO 20409 LAFAYETTE RD BURLINGTON

46 DAUGHTER

WA 98233

Full name, age, relationship, address

ADRIAN IBARRA P.O. BOX 672 BURLINGTON, WA 98233

51 SON

Full name, age, relationship, address

ROSALINDA IBARRA DURANGO, MEXICO

54 DAUGHTER

Full name, age, relationship, address

JESUS ALFONZO IBARRA DURANGO, MEXICO

56 SON

Full name, age, relationship, address

MIREYA SOLEDAD IBARRA DURANGO, MEXICO

58 DAUGHTER

Full name, age, relationship, address

JORGE IBARRA DURANGO, MEXICO

60 SON

Full name, age, relationship, address

Dated: FEBRUARY 22, 2017

JESUS IBARRA

Affiant's full name

360-420-2255

Telephone number

18563 BURKLAND ROAD

MOUNT VERNON WA 98274

City

Street

State

Zip Code

Jesus Ibarra  
Signature

02-22-2017  
Date

State of WASHINGTON County of SKAGIT

I know or have satisfactory evidence that JESUS IBARRA  
(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: 02 / 22 / 2017

Rosie Gates Malone  
Signature of Notary Public

(SEAL OR  
STAMP)

**Notary Public**  
**State of Washington**  
**ROSIE GATES-MALONE**  
**MY COMMISSION EXPIRES**  
**March 05, 2017**

Residing at: MOUNT VERNON, WA

Notary Public in and for the State of WA

My appointment expires: 03 / 05 / 2017

T-63985

Schedule "A-1"

DESCRIPTION:

PARCEL "A"

That portion of the North  $\frac{1}{2}$  of the Northwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$  of Section 5, Township 33 North, Range 4 East, W.M., described as follows:

Beginning at a point on the East line of the County Road which is along the West side of said subdivision 232 feet North of the South line of said North  $\frac{1}{2}$  of the Northwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$ ; thence East parallel to the South line of said North  $\frac{1}{2}$  of the Northwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$ , 140 feet; thence North parallel with the East line of the said County Road 98 feet; thence West parallel to the South line of said North  $\frac{1}{2}$  of the Northwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$ , 140 feet to the East line of said County Road; thence South along said East line of County Road 98 feet to the point of beginning.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-010740

DATE ISSUED: 03/16/2016

FEE NUMBER: 000000029

GIVEN NAMES: AMELIA  
LAST NAME: CARREON DE IBARRA

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 14, 2016  
HOUR OF DEATH: 09:00 A.M.  
SEX: FEMALE  
AGE: 77 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 18563 BURKLAND RD.  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 18563 BURKLAND RD.  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 26 YEARS

HISPANIC ORIGIN: MEXICAN  
RACE: LATINO

FATHER/PARENT: GREGORIO CARREON  
MOTHER/PARENT: ROSA MARIA [REDACTED]

BIRTHDATE: [REDACTED]  
BIRTHPLACE: DURANGO, MEXICO

MARITAL STATUS: MARRIED  
SPOUSE: JESUS IBARRA

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK  
CITY, STATE, ZIP: MOUNT VERNON, WA  
DISPOSITION DATE: MARCH 17, 2016

OCCUPATION: HOMEMAKER  
INDUSTRY: IN OWN HOME  
EDUCATION: 8 YEARS  
US ARMED FORCES? NO

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

INFORMANT: LAURA VELASCO  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1300 HENSON ST. SEDRO WOOLLEY WA 98284

- CAUSE OF DEATH:
- A. ALZHEIMER'S DEMENTIA  
INTERVAL: YEARS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: MARCH 15, 2016

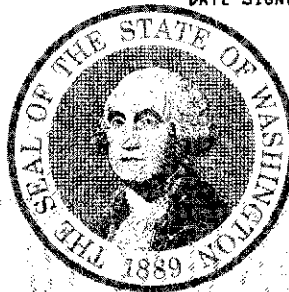
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: MARCH 16, 2016

NUMBER(S): NONE  
DATE(S): NONE



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
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<b>Required</b>	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"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital

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:

	The record now shows:	The true fact is:
8.		9.
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 2<sup>nd</sup> parent (if required):

Printed name:      Date:      Printed name:      Date:

### INSTRUCTIONS go to [www.doh.wa.gov](http://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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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\*

MAY 16 2016

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

EE00089048