

Return Address:
Land Title + Eschm
3010 Commercial Ave
Anacortes WA 98221



201907110072

07/11/2019 02:55 PM Pages: 1 of 5 Fees: \$105.50
Skagit County Auditor

Order Number: 02-171702-OE ✓

State of WA

County of Skagit

Land Title and Escrow

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Roxanne L. Caracciolo
Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Thomas A. Caracciolo
3. The decedent died on 5/18/2019 (date) at Mt. Vernon (City), Skagit (County), WA (State).
4. My/ Our relationship to the decedent is as follows:
wife (spouse)
5. I am/ We are the rightful heirs to the property described herein.
6. ___ Decedent left no last Will; or X Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal:

Lot 15, Skyline No. 7, TGW W Ptn In 28-35-1.

Tax ID Number: 3823-000-015-0002 ; P59594

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.
9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
<u>Christopher T. Caracciolo</u>	<u>59</u>	<u>son</u>
Full Name	Age	Relationship

Full Name	Age	Relationship
T. Michelle Richardson	58	Daughter
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

DATED this 11 day of July 2019

Roxanne L. Caracciolo
Affiant's Signature

Roxanne L. Caracciolo
Printed Name of Affiant

2007 Cay Way
Anacortes WA 98221
Address

State of: Washington

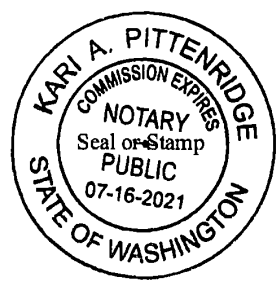
County of: Skagit

I certify that I know or have satisfactory evidence that Roxanne L. Caracciolo is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: July 11 2019 Kari A. Pittenridge
Signature

Notary
Title

My appointment expires: 7/16/2021



Escrow No.: 02-171702-OE

EXHIBIT "A"

LEGAL DESCRIPTION

PARCEL "A":

Lot 15, "SKYLINE NO. 7," as per plat recorded in Volume 9 of Plats, pages 70 and 71, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

PARCEL "B":

That portion of Section 28, Township 35 North, Range 1 East, W.M., described as follows:

Beginning at the Easterly corner of Lot 15, "SKYLINE NO. 7," as per plat recorded in Volume 9 of Plats, pages 70 and 71, records of Skagit County, Washington;
thence South 36°28'44" East a distance of 63.95 feet;
thence South 50°18'35" West a distance of 48.71 feet;
thence South 71°29'58" West a distance of 60 feet;
thence South 83°49'47" West a distance of 48.87 feet;
thence North 0°31'21" West a distance of 79.60 feet to the Southerly corner of said Lot 15;
thence Northeasterly along the Southeasterly line of said Lot to the point of beginning.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-022833

DATE ISSUED: 05/22/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS ANTHONY
LAST NAME(S): CARACCILO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 18, 2019
HOUR OF DEATH: 05:05 AM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 2007 CAY WAY
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 38 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: QUEENS, NY

FATHER/PARENT: TORQUATO A CARACCILO
MOTHER/PARENT: JOSEPHINE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: ROXANNE SIMONE LAMBIOTTE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: CONTRACT ADMINISTRATOR
INDUSTRY: PUBLIC UTILITY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MAY 22, 2019

INFORMANT: SIMONE CARACCILO
RELATIONSHIP: WIFE
ADDRESS: 2007 CAY WAY, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOHN HAAS

CAUSE OF DEATH:
A: PNEUMOCOCCAL EMPYEMA
INTERVAL: 21 DAYS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COMMUNITY ACQUIRED
PNEUMONIA, ATRIAL FIBRILLATION, CHRONIC KIDNEY DISEASE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MAY 21, 2019

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MAY 22, 2019



Affidavit for Correction

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
Record Type: Birth Death Marriage 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: Self Guardian Informant Hospital
 Parent(s) Funeral Director 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:

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 foregoing 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 <ul style="list-style-type: none">• 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) <ul style="list-style-type: none">• 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
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*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

MAY 22 2019

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



0 2 1 3 9 6 5 9

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.