

2. Decedent left a Last Will and Testament which has not been probated or revoked.

3. The heirs at law of Decedent and their relationship to Decedent are as follows:

<u>Name</u>	<u>Relationship</u>
Tony O. Guerrero	Surviving spouse

4. All of the debts of Decedent and/or Decedent's marital community, including but not limited to all expenses of Decedent's last illness, funeral and burial expenses, and all applicable federal and state succession or inheritance taxes, have been fully paid or provided for.

5. At the time of Decedent's death, the Decedent owned a community property interest with the undersigned in the following real property located in Whatcom County, Washington:

LOT 7, PRAIRIE ACRES III, RECORDED IN VOLUME 12 OF PLATS, PAGE 74, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: Grants, restrictions, covenants, conditions, declaration, easement, limited access area and by-laws of record.

6. The Decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

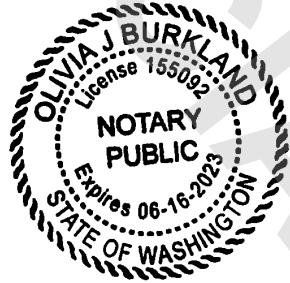
7. This Affidavit is made to provide information sufficient to induce the issuance of title insurance for real property in which Decedent had an interest at the time of Decedent's death. The undersigned intends that a title insurance company may issue its policy or policies in full reliance upon the representations made herein. The undersigned makes this Affidavit intending to avoid the necessity of a probate proceeding to prove the insurability of title. The undersigned recognizes that individuals who may induce the reliance of a title insurance company upon this Affidavit may be required to indemnify and hold harmless a title insurance company issuing a title insurance policy in reliance upon these representations.

Signed at Bellingham, Washington, this 16th day of July, 2019.

Tony O. Guerrero
TONY O. GUERRERO
Address: 4831 Ida Drive
Sedro-Woolley, WA

SUBSCRIBED AND SWORN TO before me this 16th day of July, 2019.

[SEAL]



Olivia J Burkland
NOTARY PUBLIC
Print Name: Olivia J Burkland
My Commission Expires: 6-16-2023

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-006430

DATE ISSUED: 04/25/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): HELENE ANNA
LAST NAME(S): GUERRERO

AKA: HELENE ANNA COOPER

AKA: HELENE ANNA RINCK

AKA:

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: HOME

DATE OF DEATH: FEBRUARY 04, 2017

FACILITY OR ADDRESS: 4831 IDA DRIVE

HOUR OF DEATH: 05:00 AM

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

SEX: FEMALE AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 4831 IDA DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 28 YEARS

BIRTH DATE: [REDACTED]

FATHER/PARENT: HARRY ARTHUR COOPER

BIRTHPLACE: PHILADELPHIA, PA

MOTHER/PARENT: HELEN ANNA [REDACTED]

MARITAL STATUS: MARRIED

METHOD OF DISPOSITION: CREMATION

SPOUSE: TONY OCHOA GUERRERO

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: CREDIT MANAGER

CITY, STATE: SEATTLE, WASHINGTON

INDUSTRY: CREDIT & FINANCIAL

DISPOSITION DATE: FEBRUARY 09, 2017

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

INFORMANT: DENISE MARIE RINCK FARRELL

ADDRESS: 19324 40TH AVE W. #A

RELATIONSHIP: DAUGHTER

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

ADDRESS: 474 LAKE SHERWOOD DRIVE, THOUSAND OAKS, CA 93631

FUNERAL DIRECTOR: JOHN K. MOODY

CAUSE OF DEATH:

A: DEMENTIA

INTERVAL: LESS THAN ONE YEAR

B: PARKINSON'S DISEASE

INTERVAL: 15 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NOT APPLICABLE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: GILSON R. GIROTTO, DO

TITLE: DO

CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

DATE SIGNED: FEBRUARY 08, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: FEBRUARY 09, 2017



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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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 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

APR 25 2018

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



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