



202001300452

01/30/2020 10:33 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX2520 Med
JAN 30 2020Amount Paid \$ 0
Skagit Co. Treasurer
By Mh Deputy

AFFIDAVIT (LACK OF PROBATE)

m10306
GUARDIAN NORTHWEST TITLE CO.
ACCOMMODATION RECORDING ONLYThe undersigned affiant/grantee Andres P. Soltero, 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 husband.*Relationship to decedent*of Guillermina Veliz De Soltero, who died on Jan 22, 2009.
Decedent/Grantor *Date*at Anacortes Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOT 7-9 B1K.184 map of the City of
Anacortes, according to the plat
thereof recorded in Volume 2 of Plats,
page 4-7 records of Skagit County,
Washington

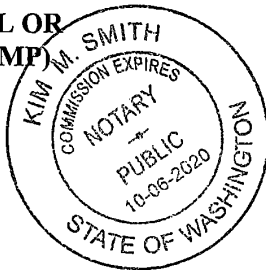
Assessor's Property Tax Parcel/Account Number: 3772-184-009-0003
(Attach full legal description of the property) P56159☒ Decedent left no Last Will and Testament.☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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 _____)

Dated: Jan. 24, 2020Adres P. Soltero.
Affiant's full name360-202-2910
Telephone number2217 D. Avenue WA
City State Zip Code
Anacortes WA 98221Andres P. Soltero Jan. 24, 2020
Signature DateState of Washington County of SnohomishI know or have satisfactory evidence that Andres P. Soltero
(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: 1 24 2020Kerrin M. Smith
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mauet VernonNotary Public in and for the State of WAMy appointment expires: 10/6/2020

Jacqueline Soltero 4-23-80 39 YRS. daughter
2303 D. Avenue Anacortes, WA 98221
Full name, age, relationship, address

Andros Soltero Jr. 11-20-86 33 YRS. son
2302 37th Ct. Anacortes, WA 98221
Full name, age, relationship, address

Eduardo Soltero. 7-23-89 30 YRS. son
1116 Longview Ave Anacortes, WA 98221
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number <u>79-09</u>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <u>Guillermo (nmi) VELIZ DE SOLTERO</u>		2. Death Date <u>Jan 22, 2009</u>			
3. Sex (M/F) <u>F</u>	4a. Age - Last Birthday <u>55</u>	4b. Under 1 Year Months Days <u> </u>	4c. Under 1 Day Hours Minutes <u> </u>	6. County of Death <u>Skagit</u>	
7. Birthdate <u>01/27/1953</u>	8a. Birthplace (City, Town, or County) <u>Huanusco, Zacatecas</u>	8b. (State or Foreign Country) <u>Mexico</u>		9. Decedent's Education <u>7th Grade, No GED</u>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <u>Yes</u>		11. Decedent's Race(s) <u>Caucasian</u>		12. Was Decedent ever in U.S. Armed Forces? <u>No</u>	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) <u>2217 D Avenue</u>				13b. City or Town <u>Anacortes</u>	
13c. Residence: County <u>Skagit</u>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <u>Washington</u>	13f. Zip Code + 4 <u>98221</u>
14. Estimated length of time at residence. <u>7 years</u>		15. Marital Status at Time of Death <u>Married</u>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <u>Andres P. Soltero</u>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <u>Homemaker</u>				18. Kind of Business/Industry (Do not use Company Name) <u>Own Home</u>	
19. Father's Name (First, Middle, Last, Suffix) <u>Ramiro (nmi) Veliz</u>				20. Mother's Name Before First Marriage (First, Middle, Last) <u>Maria (nmi)</u>	
21. Informant's Name <u>Andres P. Soltero</u>		22. Relationship to Decedent <u>Husband</u>	23. Mailing Address: Number and Street or RFD No City or Town State Zip <u>2217 D Avenue Anacortes WA 98221</u>		
24. Place of Death, if Death Occurred in a Hospital: <u>Decedent's Residence</u>					
25. Facility Name (If not a facility, give number & street or location) <u>2217 D Avenue</u>				26a. City, Town, or Location of Death <u>Anacortes</u>	26b. State <u>WA</u>
28. Method of Disposition <u>Burial</u>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <u>Fernhill Cemetery</u>		30. Location-City/Town, and State <u>Anacortes, Washington</u>	
31. Name and Complete Address of Funeral Facility <u>Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-</u>				32. Date of Disposition <u>Jan 28, 2009</u>	
33. Funeral Director Signature X <u>Joseph Williams</u>					
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. <u>Colon Cancer</u> Interval between Onset & Death <u>3 years</u> Due to (or as a consequence of): 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 b. Due to (or as a consequence of): Interval between Onset & Death c. Due to (or as a consequence of): Interval between Onset & Death d.					
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 <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: City or Town: Country: State: Zip Code + 4:				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. X <u>Theodore Kim, DO</u>	
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				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <u>Theodore Kim, DO 1211 - 24th Street, Oncology Dept., Anacortes, WA 98221</u>	
50. Hour of Death (24hrs) <u>23:15 PM</u>				51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (mm/dd/yyyy) <u>January 27, 2009</u>		53. Title of Certifier <u>DO</u>			
54. License Number <u>OP00002076</u>		55. ME/Coroner File Number <u>NJA #034</u>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <u>Cornie Anderson, Deputy</u>				58. Date Received (mm/dd/yyyy) <u>JAN 27 2009</u>	
59. Amendments					

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number												
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																
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)												
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)														
The Record is Incorrect or Incomplete as follows:																
6. The Record now shows:		7. The True fact is:														
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:												
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.																
15. Signature:		16. Date:		17. Address:												
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
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Marriage/Divorce Records	Passport															
<p>Birth Certificates:</p> <ol style="list-style-type: none"> 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. Proof must be five (or more) years old or have been established within five years of birth. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021) 																
<p>Death Certificates:</p> <ol style="list-style-type: none"> 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. 																
<p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> 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. 																

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JAN 30 2009

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

QQ00315838