

After recording, return to:  
Jane R. Molinari  
The Estate of Jean M. Molinari  
1900 E. College Way <sup>SEA</sup>  
PMB 351  
Mount Vernon, Wa 98273

CHICAGO TITLE  
W20040503

Grantor (Name of Decedent): JEAN M MOLINARI  
Grantee (Heirs): JANE R MOLINARI  
Abbreviated Legal Description: TRACT 27, PLAT OF PARK MEADOWS  
Tax Parcel No.(s): P108331 / 4666-000-027-0000

**INHERITANCE LACK OF PROBATE AFFIDAVIT  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF WASHINGTON

COUNTY OF SKAGIT

The undersigned, JANE R. MOLINARI, executes this affidavit relating to the estate of JEAN M MOLINARI (herein "Decedent"), who died on JULY 15, 2019, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of MOUNT VERNON, County of SKAGIT, State of WASHINGTON.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):
- the lawful surviving spouse of the Decedent
  - Registered domestic partner of the Decedent
  - Surviving child of the Decedent
  - One (1) 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): \_\_\_\_\_

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Heather Beauvais  
Affidavit No. 2020-399  
Date 01/31/2020

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: JANE R. MOLINARI DAUGHTER  
Name and relationship: \_\_\_\_\_  
Name and relationship: \_\_\_\_\_  
Name and relationship: \_\_\_\_\_

**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:  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

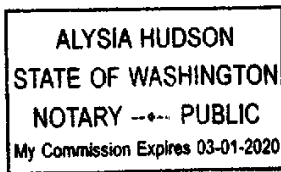
Jane R. Molinari  
Signature

1/31/2020  
Date

JANE R. MOLINARI  
Print Name

State of Washington  
County of SKAGIT

Signed and sworn to (or affirmed) before me on January 31, 2020 by \_\_\_\_\_  
Jane R. Molinari (name of person making statement).



Alysia Hudson  
Name: Alysia Hudson  
Notary Public in and for the State of Washington,  
Residing at: Arlington  
My appointment expires: 03.01.2020

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P108331 / 4666-000-027-0000**

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TRACT 27, PLAT OF PARK MEADOWS, AS PER PLAT RECORDED IN VOLUME 16 OF PLATS,  
PAGES 82 THROUGH 84, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-031647

DATE ISSUED: 07/19/2019  
FEE NUMBER: 37FIRST AND MIDDLE NAME(S): JEAN MACLEAN  
LAST NAME(S): MOLINARICOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 15, 2019  
HOUR OF DEATH: 10:41 PM  
SEX: FEMALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: CAUCASIANBIRTH DATE: [REDACTED]  
BIRTHPLACE: SYCAMORE, ILMARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLEOCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NOINFORMANT: JANE MOLINARI  
RELATIONSHIP: DAUGHTER  
ADDRESS: 3501 SENECA DRIVE, MOUNT VERNON, WA, 98273CAUSE OF DEATH:  
A: PRESUMED RECURRENT COLON CANCER  
INTERVAL: 7 MONTHS  
B: COLON CANCER  
INTERVAL: 31 YEARS  
C:  
INTERVAL:  
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 3501 SENECA DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273RESIDENCE STREET: 3501 SENECA DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 22 YEARSFATHER/PARENT: JAMES MACLEAN  
MOTHER/PARENT: RUTH [REDACTED]METHOD OF DISPOSITION: DONATION/MEDICAL RESEARCH  
PLACE OF DISPOSITION: MEDCURECITY, STATE: PORTLAND, OREGON  
DISPOSITION DATE: JULY 18, 2019

FUNERAL FACILITY: WESTFORD FUNERAL HOME INC

ADDRESS: 1301 BROADWAY  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: PAUL V. SPINELLIMANNER 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 RESPONSECERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: JULY 17, 2019CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JULY 18, 2019

# Affidavit for Correction

01/31/2020 02:52 PM Page 5 of 8  
Mar No. 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 |
|-------------------|------------|----------|------|------------------|

|   |   |                |   |                              |        |
|---|---|----------------|---|------------------------------|--------|
| <b>Required</b>   | <b>Required information must match current information on record</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:           |        |
|   | First   | Middle         | Last  | MMDDYYYY<br>(City or County) |        |
|   | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)   |                | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) |                              |        |
|   | First   | Middle         | Last/Maiden   | First                        | Middle |
| 6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital |   |                |   |                              |        |
| Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)   |   |                |   |                              |        |
| 7. Return Mailing Address:  |   |                |   |                              |        |
| PO Box or Street Address  |   | City           | State   | Zip                          |        |
| 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 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

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 using this form, 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). 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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

*Greg Stern MD*

DOH 422-034 January 2015

