

## Return Address:

Land Title & Escrow3010 Commercial AvenueAnacortes, WA 98221Land Title & Escrow  
02-174833-0E**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Alexander A. Armanino, being first duly sworn  
Name of Affiantdeposes 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 SpouseRelationship to decedentof Roberta E. ArmaninoDecedent/Grantor, who died on 8/5/2012Dateat AnacortesCitySkagitCountyWAState**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Ptn. Lot 9, Skyline No. 9

Assessor's Property Tax Parcel/Account Number: 3825-000-009-0008/P59855  
(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 \_\_\_\_\_)

Alexander A. Armanino, Surviving Spouse

1606 Tartan Place, Anacortes WA 98221

*Full name, age, relationship, address*

Robert E. Armanino, son

PO Box 369, Shelton WA 98584

*Full name, age, relationship, address*

Stephen J. Armanino, son

19441 Friar Street, Tarzana, CA 91335-6636

*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*

Dated : \_\_\_\_\_

Roberto E. Armanino, as PR of the Estate of Alexander A. Armanino

Affiant's full name

Telephone number \_\_\_\_\_

PO Box 369

Shelton, WA 98584

Street

City

State

Zip Code

Roberto E. Armanino  
Signature2-6-2020

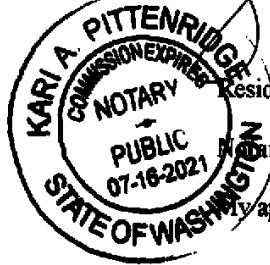
Date

State of WA County of Skagit

I know or have satisfactory evidence that

Roberto E. Armanino  
(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: 2-16-2020Kari Pittenridge  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: Oak HarborNotary Public in and for the State of WAMy appointment expires: 7-16-2021

Escrow No.: 02-174833-OE

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

Tract 9, "SKYLINE NO. 9," as per plat recorded in Volume 9 of Plats, pages 75, 76 and 77, records of Skagit County, Washington; EXCEPT any portion thereof lying within Anaco Beach Road, as conveyed to the City of Anacortes, by deed recorded under Auditor's File No. 234117.

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

CERTIFICATE OF DEATH



CERTIFICATE NUMBER 2012-009610

DATE ISSUED: 02/07/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S) ROBERTA EILEEN  
LAST NAME(S) ARMANINO

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 05, 2012  
HOUR OF DEATH: 06:27 PM  
SEX: FEMALE AGE: 88 YEARS  
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:  
BIRTH PLACE: SEATTLE WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ALEXANDER AUGUST ARMANINO

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: AL ARMANINO  
RELATIONSHIP: HUSBAND  
ADDRESS: 1506 TARTAN PLACE, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: ACUTE RESPIRATORY FAILURE  
INTERVAL: 2 DAYS  
B: ASPIRATION PNEUMONIA  
INTERVAL: 2 DAYS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE GASTROINTESTINAL  
BLEEDING UNKNOWN SOURCE, CORONARY ARTERY DISEASE

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: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1606 TARTAN PL  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: ROBERT J NELSON  
MOTHER: NINA

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATOR

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: AUGUST 08, 2012

FUNERAL FACILITY: EVANS FUNERAL CHAPEL

ADDRESS: 1105 - 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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

CERTIFIER NAME: NANCY H. LLEWELLYN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: PO BOX 190  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98253  
DATE SIGNED: AUGUST 08, 2012

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NJA #446  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA  
DATE RECEIVED: AUGUST 08, 2012



# Affidavit for Correction

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

202002070132

02/07/2020 03:15 PM  
Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## 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

<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 Birth 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"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. Return Mailing Address:			

Telephone Number: ( )	Email Address:
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### 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](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 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

- 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.
- 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 January 2015

# \*CERTIFIED\*

FEB 06 2020

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



0 3 8 0 1 4 2 4

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