

Return Address:

2503 Highland Dr.
Aracorte, WA 98221

202002100117

02/10/2020 02:20 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Fereshteh Rezvani, 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 the wife
Relationship to decedent

of Ezatolah Rezvani, who died on 10-29-19
Decedent/Grantor Date

at Aracorte Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

"SKYLINE NO 5 LOT 37"

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020 11/10
FEB 10 2020

Amount Paid \$
Skagit Co. Treasurer
By Mk Deputy

Assessor's Property Tax Parcel/Account Number: P59351
(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 3)

Full name, age, relationship, address

Fereshteh Rezvani, 73, wife
2503 Highland Dr. Atascadero WA 98221

Full name, age, relationship, address

Dan Alexander Rezvani, 47, son
31 Brandon St. Lexington MA 02420

Full name, age, relationship, address

Robyn Rikhyuk Javidan, 39, daughter
651 Shoketree Way Sunnyvale CA 94086

Full name, age, relationship, address

Brian Bayan Rezvani, 37, son
702 Oak Ave Davis CA 95616

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 2-10-2020Fereshteh Rezvani

Affiant's full name

(360) 391-0742 , (360) 293 6998

Telephone number

2503 Highland Dr.Anacortes WA 98221

City

State

Zip Code

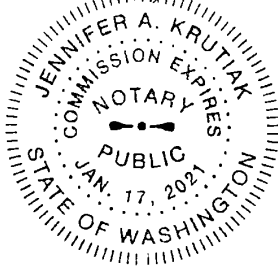
F. Rezvani 2-10-2020

Signature

Date

State of WASHINGTON County of SKAGITI know or have satisfactory evidence that FERESHTEH REZVANI
(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: 02 / 10 / 2020[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: 910 D Ave, Anacortes, WA 98221Notary Public in and for the State of WASHINGTONMy appointment expires: 01/17/2021

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-047416

DATE ISSUED: 11/02/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): EZATOLAH
LAST NAME(S): REZVANI

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 29, 2018
HOUR OF DEATH: 05:50 AM
SEX: MALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BIRJAND IRAN

MARITAL STATUS: MARRIED
SPOUSE: FERESHTEH ALAVI

OCCUPATION: PHYSICIAN
INDUSTRY: HEALTH CARE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

INFORMANT: FERESHTEH REZVANI
RELATIONSHIP: WIFE
ADDRESS: 2503 HIGHLAND DRIVE, ANACORTES, WA 98221

CAUSE OF DEATH:
A: INTRACRANIAL HEMORRHAGE
INTERVAL: 72-96 HOURS
B: CEREBROVASCULAR ACCIDENT
INTERVAL: 8 WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, DYSLIPIDEMIA, DIABETES

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: 2503 HIGHLAND DRIVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER/PARENT: SANA'U'LLAH REZVANI
MOTHER/PARENT: KOKAB SULTAN [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: NOVEMBER 03, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

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

CERTIFIER NAME: ALLEN H. HORESH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: OCTOBER 31, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 01, 2018



Affidavit for Correction

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

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required information must match current information on record				
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 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: <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:

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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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, 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). 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.
- 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 October 2015

CERTIFIED

NOV 02 2018

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



0 2 0 2 2 1 6 4