RETURN TO:
Patrick Hayden
PO Box 454
Sedro-Woolley, WA. 98284

202005050064
05/05/2020 01:34 PM Pages: 1 of 7 Fees: $151.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20201577
MAY 05 2020
Amount Paid $ 0
Skagit Co. Treasurer
By MG Deputy

DOCUMENT TITLE(S) *(or transactions contained herein):*

1. Affidavit (Lack of Probate)
2. Certificate of Death (Certified)

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) *(Last name, first name and initials):*

1. Fernandez, Cynthia Gay
2. Washington, State of

GRANTEE(S) *(Last name, first name and initials):*

1. Fernandez, John A.
2. Fernandez, Cynthia Gay

LEGAL DESCRIPTION *(Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).*

Ptn Lots 25, 26 and 27, Block 48, FIRST ADDITION TO THE TOWN OF SEDRO, per plat recroded in Vol. 3 of Plats, page 29, records of Skagit County, Washington

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

Tax Parcel No. P75884 / 4150-048-027-0008

Return Address:
John Fernandez
132 Talcott Street
Sedro-Woolley WA 98284

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee John A. Fernandez (*Name of Affiant*), being first duly sworn 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 surviving spouse (*Relationship to decedent*) of Cynthia Gay Fernandez (*Decedent/Grantor*), who died on Nov. 3, 2019 (*Date*) at Sedro-Woolley (*City*) Skagit County (*County*) Washington (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

See attached Exhibit A, which is community property owned by the decedent and the affiant.

Assessor's Property Tax Parcel/Account Number: P75884/4150-048-027-0008
(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)

REV 84 0017 (1/3/17)

John A. Fernandez, 75 years, spouse, 132 Talcott St., Sedro-Woolley WA. 98284

Full name, age, relationship, address

Danielle Fomo, age unknown, daughter, Portland OR

Full name, age, relationship, address

Stephanie Fomo Padgett, age unknown, daughter, Sicily, Italy

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

Full name, age, relationship, address

Dated : April 21, 2020

John A. Fernandez

Affiant's full name

253-439-7241

Telephone number

132 Talcott Street

Street

Sedro Woolley | WA | 87274

City | *State* | *Zip Code*

John A Fernandez

Signature

April 4/21/2020

Date

State of Washington County of Skagit

I know or have satisfactory evidence that John A. Fernandez

(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: 4/21/2021

(SEAL OR STAMP)

Signature of Notary Public

Patrick M. Hayden

Residing at: Sedro-Woolley

Notary Public in and for the State of Washington

My appointment expires: 4/27/2021

REV 84 0017 (1/3/17)

EXHIBIT "A"

Order No.: 620017450

For APN/Parcel ID(s): 4150-048-027-0008 / P75884

PARCEL A:

The South 95 feet of Lots 25, 26 and 27, Block 48, FIRST ADDITION TO THE TOWN OF SEDRO, according to the plat thereof recorded in Volume 3 of Plats, page 29, records of Skagit County, Washington;

EXCEPT that portion of said Lot 25 lying East of the West line of Metcalf Street projected Southerly and parallel with 3rd Street;

PARCEL B:

The North 25 feet of Lots 26 and 27, Block 48, FIRST ADDITION TO THE TOWN OF SEDRO, according to the plat thereof recorded in Volume 3 of Plats, page 29, records of Skagit County, Washington;

PARCEL C:

The North 25 feet of Lot 25, Block 48, FIRST ADDITION TO THE TOWN OF SEDRO, according to the plat thereof recorded in Volume 3 of Plats, page 29, records of Skagit County, Washington;

EXCEPT that portion of said Lot 25 lying East of the West line of Metcalf Street projected Southerly and parallel with 3rd Street;

Situated in Skagit County, Washington.

202005050064

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

4359597

CERTIFICATE NUMBER: **2019-048252**

DATE ISSUED: **11/13/2019**
FEE NUMBER: **311119**

FIRST AND MIDDLE NAME(S): **CYNTHIA GAY**
LAST NAME(S): **FERNANDEZ**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **NOVEMBER 03, 2019**
HOUR OF DEATH: **02:30 AM**
SEX: **FEMALE** AGE: **67 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE [redacted]
BIRTHPLACE: **HAYWARD, CA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **JOHN ANTON FERNANDEZ**

OCCUPATION: **OFFICE MANAGER**
INDUSTRY: **PEST CONTROL/CONSTRUCTION**
EDUCATION: **ASSOCIATE DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **JOHN ANTON FERNANDEZ**
RELATIONSHIP: **HUSBAND**
ADDRESS: **132 TALCOTT ST., SEDRO WOOLLEY, WA 98284**

CAUSE OF DEATH:
A: **RECTAL CANCER**
INTERVAL: **14 MONTHS**
B:
INTERVAL:
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: **132 TALCOTT ST**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **132 TALCOTT ST**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WA 98284**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **6 YEARS**

FATHER: **FREDERICK H PHILLIPS**
MOTHER: **AILEEN G** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **FIRST CREMATION SERVICES**

CITY, STATE: **KENT, WASHINGTON**
DISPOSITION DATE: **NOVEMBER 04, 2019**

FUNERAL FACILITY: **FUNERAL & CREMATION CARE**

ADDRESS: **1400 112TH AVE SE**
CITY, STATE, ZIP: **BELLEVUE, WASHINGTON 98004**
FUNERAL DIRECTOR: **ALYSSA H. MEAD**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH: **YES**
PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
DATE SIGNED: **NOVEMBER 04, 2019**

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

LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**
DATE RECEIVED: **NOVEMBER 04, 2019**

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health

Affidavit for Correction

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

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

Required

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

1. Name on Record: First Middle Last	2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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: 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 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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

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

CERTIFIED
C. Spitters, MD
HEALTH OFFICER
SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG
STATE OF WASHINGTON

0 3 7 5 2 3 2 0