07/28/2020 02:30 PM Pages: 1 of 6 Fees: \$108.50

Skagit County Auditor, WA

NIKKI J WIONI 5719 Sugartoaf St Anoughly WA avil

LAND TITLE AND ESCROW 02-177017-OE

REV 84 0017 (1/3/17)

AFFIDAVIT (LACK OF PROBA	ATE)
The undersigned affiant/grantee NIKKI J. (ecconi	being first duly sworn
deposes and states as follows: That they are a rightful heir as listed on h	eirs at law, to the real
property described below, and isSPOUSE	
Relationship to de	died on 02 21 2019
at Analores, skagit, wa	_ _
City County	State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT: Abbreviated Legal Description:	
Lot 2, willard Estates	
Assessor's Property Tax Parcel/Account Number: 4747-000 (Attach full legal description of the property)	-002-0000; P114224
Decedent left no Last Will and Testament.	
Decedent left a Last Will and Testament which HAS NOT been Prob	ated or Revoked.
"Heirs at law" includes surviving spouse, children, adopted children, issippredeceased child or adopted child, parents, brothers and sisters of the de Affiant hereby identifies all heirs at law of the decedent: (use additional	ecedent.
necessary)	(Page 1 of 4

lames unisticus (elloni, 13, son
5719 sugarligt St. Analches wa 78221
Full name, age, relationship, address
Madison Lynne Gelloni, II, daugniter
5719 Sugar root St. Analostes was 98221
Full name, age, relationship, address
Gregory Buck celloni, 15, son
1310 Malanna St. Unit B, thunington Beach CA 924 48
Full name, age, relationship, address
Nikki J. Cecconi, 48, wife
5719 Sugarloaf St. 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

Dated: JULY 11 MOD	<u>, </u>				
MKKI J. Lelloni					
Affiant's full name					
Telephone number 5719 SUGAITOUT ST					
Manques WA 9822	N Street				
City	State Zip Code				
ninhi) Ceccoui	July 27 2020				
pignature	.J Date				
State of Washington	County of SKAGIT				
I know or have satisfactory evidence that	MKKI J. Lelloni				
-	(name of person)				
is the person who appeared before me, an affidavit and acknowledged it to be (his/h mentioned in this affidavit.	nd said person acknowledged that (he/she) signed this her) free and voluntary act for the uses and purposes				
Dated: 07 / 01 / 1020	pellinn neddad				
(SEAL OR	Signature of Notary Public				
STAMP)	Residing at: Nt Vernon WA 98073				
MALDON	Residing at: 1001 VOITOR VOITOR				
TARY OTARY	Notary Public in and for the State of WA				
BRABA	My appointment expires: 00/30/1021				
PUBLY 68-30-12-5					
OF WASHING					

REV 84 0017 (1/3/17)

Escrow No.: 02-177017-OE

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 2, "PLAT OF WILLARD ESTATES," as per plat recorded on December 23, 1999, under Auditor's File No. 199912230062, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.



STATE OF WASHINGTON DEPARTMENT OF HEALTH





DATE ISSUED: 03/06/2019 FEE NUMBER:

CERTIFICATE NUMBER: 2019-009431

FIRST AND MIDDLE NAME(S): JOHN LAST NAME(S): CECCONI

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 27, 2019
HOUR OF DEATH: 05:50 PM
SEX: MALE

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

AGE: 56 YEARS

race: White

BIRTH DATE:

BIRTHPLACE: TORRANCE, CA

MARITAL STATUS: MARRIED SPOUSE: NIKKI CLAUSON

OCCUPATION: SUPERVISOR INDUSTRY: LANDSCAPE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: NIKKLICECCONI RELATIONSHIP: WIFE

ADDRESS: 5719 SUGARLOAF ST ANACORTES, WA 98221

CAUSE OF DEATH:

A: INTRAHEPATIC CHOLANGIOCARCINOMA

INTERVAL: 2 YEARS

INTERVAL:

C:

INTERVAL

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

PLÂCE OF DEĂTH: HOME

FACILITY OR ADDRESS: 5719 SUGARLOAF ST CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDÊNCE STREET: 5719 SUGARLOAF ST CITY, STATE ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: GREGORY CECCONI

MOTHER/PARENT: MARIE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

ČITÝ, STÁTE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MARCH 01, 2019

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL AUTOPSY: NO MERS ALITOPSY CINDINGS AVAILABLE

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 01, 2019

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

LOCAL DÉPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: MARCH 01, 2019

202007280113

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State						Initials	Date	Affidavit Num	ber
	517	[] BLG				rent info	rmation on recor		
70 /	Record Type: . Name on Record:	Blrth	Death		Marriage		☐ Dissolution	(Divorce)	
equ		···					2. Date of Event:	3. Place of Ev	
8	. Father/Parent Full Lega			or Dissolution	i) 5. Mother/	Parent Fui	Birth Name (Spous	se B for Marriage or Dis	ssolution)
6	Name of Person Reque	sting Corre	ction:	Relationshi Person on	ip to S Record: S	Self Parent(s)	☐ Guardian ☐ Funeral Director	Informant	Hospital
≀. Retu	ırn Mailing Address:					-		7.1%	
releph	one Number:				Email Add	ress:			·
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10.					11.				
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14.	- 				15.				
	l declare under	penalty o	f periury under th	e laws of th	ne State of	Nashing	on that the force	ing is true and con	
6a. Si	gnature:				16b. Signa	ture of 2 nd	parent (if required):	ing is true and Con	
rinted	name:	- 1741-m-1	Dat	e:	Printed nar	ne:		Dat	ð:
			INSTRUCTION	IS - go to ww	w.doh.wa.go	for more	information		
	Drive	er's license	, Social Security ca	rd or hospita	al decorative	birth cert	ificate cannot be us	sed as proof	
equire • Bir	d documentary proof mu th/Marriage/Divorce reco	ıst de submi ord • Mi	itted with the amdavit	and include t	ull name and	birth date.	Examples of docum	entary proof include:	
	rtificate of Naturalization		ilitary record (DD-214 ospital/medical record		School trans Passport	cripts	 Social Secu Green/Perm 	rity Numident Report	
Birth C	ertificates							nanent Resident card (I	-551)
ı. In Mə	ily a parent(s), legal guar e proof(s) must match f ry Ann Doe. cumentary proof must be	ine asserted	i fact(s). For example	e, if the affidat	it says the na	me should	nay change the birth if be Mary Ann Doe, t	certificate. the proof must show the	name to be
hild un	<u>der 18</u>				Adult (18 y		ier)		
• If k	egal guardian(s), include	certified co	urt order proving gua	rdianship	Only the	e adult can	change his or her b	irth certificate	
on	to age one, last name ca certificate (can be any co	ombination of	of the first, middle or	last names)*	 If the fir required 	st or middl 1	e name is missing, ti	hree pieces of docume	
	er age one, a court order proof is required to char			eme	 If the fire two pleases 	st, middle	and/or last name is n Imentary proof are re	nisspelled, or date of bi	rth is incorrect,
То	correct parent's informat correct the sex of the chi	ion, one do	cumentary proof is re		To corn is require	oct parent's	s birth date, place of	equired birth, or name, one doo	umentary proof
pro	vider is required	child siamas	urno from bath war-ut-	linked on the					
o Glari	ge any part of the name of a This affiday	vit cannot k	e used to add a fati	her to a birth	certificate (1	required. II ISO natern	one parent is deceased	d, submit a death certificat nt form DOH 422-032)	e with request.
On info reg cop The	Primeates If the informant, the fune primation. Proof is require listered domestic partner by of a court order if some medical information (ca	eral director, d to make o , parent, sib eone other luse of deat	or executors/adminischanges if requested bling or adult child or standard the than the informant is h) may be changed or	strators (if evidence) by a family mostepchild). The requesting the	dence confirm ember not list e informant m e change.	ing such p ed as the i ay change	position is presented) informant on the cert is marital status with p	may change the non-r fficate (family members proof. Marital status rec	
. Pe	e/Dissolution (Divorce) rsonal facts (minor spellir change the date or place	na changes	in name, date or plac	e of birth or r	esidence) ma age) or clerk	y be chang of court (di	ged by the person wit ssolution) must com-	th one piece of docume	entary proof.
								DOH 422-034 (

CERTIFIED

MAR 0 6 2019

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

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

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