

Return Address:

Nikki J. Ceconi  
5719 Sugarloaf St.  
Anacortes WA 98221

LAND TITLE AND ESCROW  
02-177017-OE

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Nikki J. Ceconi, 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 spouse  
*Relationship to decedent*  
of John Ceconi, who died on 02/27/2019  
*Decedent/Grantor* *Date*  
at Anacortes, 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: 4747-000-002-0000; P114226  
(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 4)

JAMES CHRISTIAN CELLONI, 13, son  
5719 Sugarloaf St. Anacortes WA 98221

*Full name, age, relationship, address*

NADISON LYNNE CELLONI, 11, daughter  
5719 Sugarloaf St. Anacortes WA 98221

*Full name, age, relationship, address*

GREGORY BUCK CELLONI, 25, son  
1310 Alabama St. Unit B, Huntington Beach CA 92648

*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 27 2020

NIKKI J. CELLONI

Affiant's full name

Telephone number

5719 Sugarloaf St.

ANACAPLES WA 98021 Street

City

State

Zip Code

Nikki J. Celloni  
Signature

July 27 2020  
Date

State of Washington County of Skagit

I know or have satisfactory evidence that NIKKI J. CELLONI  
(name of person)

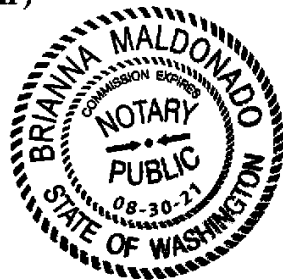
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 07/27/2020

Brianna Maldonado

Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: mt vermon WA 98073

Notary Public in and for the State of WA

My appointment expires: 08/30/2021

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



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-009431

DATE ISSUED: 03/06/2019  
FEE NUMBER:

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

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 27, 2019  
HOUR OF DEATH: 05:30 PM  
SEX: MALE  
SOCIAL SECURITY NUMBER:

AGE: 56 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
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: NIKKI CECCONI  
RELATIONSHIP: WIFE  
ADDRESS: 5719 SUGARLOAF ST ANACORTES, WA 98221

CAUSE OF DEATH:  
A: INTRAHEPATIC CHOLANGIOCARCINOMA  
INTERVAL: 2 YEARS  
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: 5719 SUGARLOAF ST  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE 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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MARCH 01, 2019

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 388  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

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: 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 DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: MARCH 01, 2019



Affidavit for Correction

07/28/2020 02:30 PM Page 6 of 6

Mail to: 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

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, and Required Information sections.

Table for recording discrepancies between 'The record now shows' and 'The true fact is'.

Signature lines for 16a. Signature and 16b. Signature of 2nd parent (if required).

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...

Birth Certificates section: 1. Only a parent(s), legal guardian... 2. The proof(s) must match the asserted fact(s)... 3. Documentary proof must be five or more years old...

Child under 18 section: If legal guardian(s), include certified court order proving guardianship...

Death Certificates section: 1. Only the informant, the funeral director, or executors/administrators... 2. The medical information (cause of death) may be changed only by the certifying physician...

Marriage/Dissolution (Divorce) Certificates section: 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...

\*CERTIFIED\*

MAR 06 2019

Signature of Howard Leibbrand, M.D., Health Officer, Skagit County Health Department



0 2 1 3 7 0 6 7

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