

After recording, return to:  
Judy L. Zullo  
4540 E Boston Ave  
Las Vegas, NV 89104

CHICAGO TITLE CO.  
U20044365

Grantor (Name of Decedent): Albert D. Zullo  
Grantee (Heirs): Judy L Zullo  
Abbreviated Legal Description: UT A-201, SKYLINE COURT, CONDOMINIUM, A CONDO  
Tax Parcel No.(s): P100703 / 4581-000-201-0000

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF WA

COUNTY OF Skagit

The undersigned, Judy L Zullo executes this affidavit relating to the estate of Albert D Zullo (herein "Decedent"), who died on 7-17-2016, in the County of SKAGIT, State of WA, then being a resident of the City of MT VERNON, County of SKAGIT, State of WA.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
- other (identify): \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Judy L Zullo Spouse

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

The decedent left a Will that devises real property.

The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

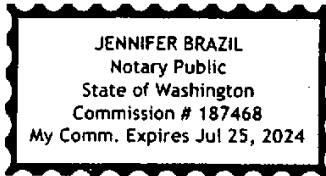
Judy L Zullo  
Signature

Judy L Zullo  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on 9-15-2020 by \_\_\_\_\_  
Judy L. Zullo (name of person making statement).

Jennifer Brazil  
Name: Jennifer Brazil  
Notary Public in and for the State of Washington,  
Residing at: Skagit County  
My appointment expires: 7-25-2024



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-029270

DATE ISSUED: 07/20/2016

FEE NUMBER: 000000029

GIVEN NAMES: ALBERT DOMINIC  
LAST NAME: ZULLO

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: July 17, 2016  
HOUR OF DEATH: 12:15 P.M.  
SEX: MALE  
AGE: 74 YEARS

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1510 SKYLINE WAY A201  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER/PARENT: ALBERT JOSEPH ZULLO  
MOTHER/PARENT: VIOLET MARIE [REDACTED]

BIRTHDATE: [REDACTED]  
BIRTHPLACE: PORTLAND, OREGON

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: JULY 20, 2016

MARITAL STATUS: MARRIED  
SPOUSE: JUDY LYNN TUCKER

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

OCCUPATION: UNION REPRESENTATIVE  
INDUSTRY: TRANSPORTATION INDUSTRY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? YES

INFORMANT: JUDY L. ZULLO  
RELATIONSHIP: WIFE  
ADDRESS: 1510 SKYLINE WAY #A201, ANACORTES, WA 98221

- CAUSE OF DEATH:
- A. COLON CANCER  
INTERVAL: 1 MONTH
  - B. END STAGE RENAL DISEASE  
INTERVAL: 2 YEARS
  - C.  
INTERVAL:
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
DIABETES 2, CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: DAVID BENSON MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1603 S. 3RD STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: JULY 18, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

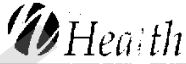
CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: JULY 20, 2016

NUMBER(S): NONE  
DATE(S): NONE





# Affidavit for Correction

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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

State File Number: \_\_\_\_\_ Fee Number: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

#### Required information must match current information on record

Record Type:  Birth  Death  Marriage  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:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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: \_\_\_\_\_ Date: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_ Date: \_\_\_\_\_

#### INSTRUCTIONS – go to \_\_\_\_\_ 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 Certificate

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 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 guardians include certified court order proving guardianship
- Up to age 18, 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 18, 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 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

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). 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.
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.

DOH 422-034 October 2015

# \*CERTIFIED\*

JUL 20 2016

*H. Anderson*  
**Skagit County Health Department**  
 Howard E. Anderson, M.D., Health Officer