

**Return Address:**

Land Title &amp; Escrow

3010 Commercial Avenue

Anacortes, WA 98221

Order No. 02-181531-OE

LAND TITLE AND ESCROW

**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Marie E. Snyder-Ayala, 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 Surviving Spouse*Relationship to decedent*of Robert J. Ayala*Decedent/Grantor*, who died on 8/31/2019*Date*at Kirkland*City*King*County*WA*State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**Abbreviated Legal Description: Lots 20 & 21, Block 2, Seattle Syndicate 1st Add to AnacortesAssessor's Property Tax Parcel/Account Number: 3813-002-021-0002 P58777  
(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 \_\_\_\_\_)

Marie E. Snyder-Ayala Surviving Spouse

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*Full name, age, relationship, address*

PO Box 1523, Anacortes, WA 98221

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

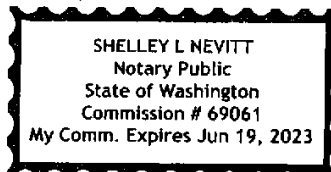
*Full name, age, relationship, address*

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*Full name, age, relationship, address*

Dated : November 16, 2020Marie E. Snyder-Ayala*Affiant's full name*(425)244-5533*Telephone number*Anacortes, WA 98221*Street**City**State**Zip Code*Marie E Snyder-Ayala  
*Signature*November 16, 2020*Date*State of WashingtonCounty of SkagitI know or have satisfactory evidence that Marie E. Snyder-Ayala*(name of person)*

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

Dated: 11/16/2020Shelley L Nevitt  
*Signature of Notary Public*(SEAL OR  
STAMP)Residing at: BowNotary Public in and for the State of WashingtonMy appointment expires: 6-19-2023

Escrow No.: **02-181531-OE**

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

Lots 20 and 21, Block 2, "SEATTLE SYNDICATE'S FIRST ADDITION TO THE CITY OF ANACORTES, WASH.," as per plat recorded in Volume 1 of Plats, page 25, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-040191

DATE ISSUED: 09/13/2019  
FEE NUMBER: 208-529-3800

FIRST AND MIDDLE NAME(S): ROBERT J  
LAST NAME(S): AYALA

COUNTY OF DEATH: KING

DATE OF DEATH: AUGUST 31, 2019

HOUR OF DEATH: 02:20 PM

SEX: MALE

AGE: 54 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: YES; PUERTO RICAN

RACE: PUERTO RICAN

BIRTH DATE:

BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARIE E IRWIN

OCCUPATION: DIRECTOR

INDUSTRY: HOSPITAL/RETIREMENT COMMUNITY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: MARIE AYALA

RELATIONSHIP: WIFE

ADDRESS: 3922 COMMERCIAL AVE, ANACORTES WA 98221

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: DAYS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C: DIABETES MELLITUS

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSIVE CRISIS ACUTE  
RESPIRATORY FAILURE LACTIC ACIDOSIS ANOXIC BRAIN INJURY ACUTE  
KIDNEY INJURY CEREBRAL EDEMA ASPIRATION PNEUMONIA SHOCK LIVER  
OBSTRUCTIVE SLEEP APNEA MORBID OBESITY ATRIAL FIBRILLATION

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: EVERGREEN HOSPITAL MEDICAL CENTER

CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

RESIDENCE STREET: 3922 COMMERCIAL AVE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: UNKNOWN

MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: SEPTEMBER 12, 2019

FUNERAL FACILITY: THE CO-OP FUNERAL HOME OF PEOPLE'S  
MEMORIAL

ADDRESS: 1801 12TH AVENUE STE. A

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122-2474

FUNERAL DIRECTOR: KIMBERLY A. FORSYTHE

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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: JAMES KUO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 12040 NE 128TH STREET

CITY, STATE, ZIP: KIRKLAND, WA 98034

DATE SIGNED: SEPTEMBER 12, 2019

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 19-3217

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: SEPTEMBER 12, 2019



# Affidavit for Correction

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

11/20/2020 11:53 AM Page 1 of 6  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
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:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	First	Middle
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:				
PO Box or Street Address		City State Zip		
Telephone Num ( )		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 foregoing is true and correct

16a. Signature:	16b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	Date:

## INSTRUCTIONS - go to [www.doh.wa.gov](http://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
 

<b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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- \*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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

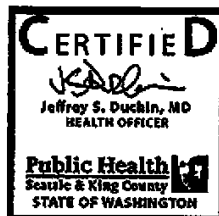
### Marriage/Dissolution (Divorce) Certificates

- 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 January 2015



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



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