

Return Address:

Miguel Mena Encarnacion
20119 Okerlund Drive
Mount Vernon, WA 98233

Land Title & Escrow of Skagit & Island County
Order Number: 01-183425-OE

State of Washington

County of Skagit

Real Estate Excise Tax

Exempt

Skagit County Treasurer

By Heather BeauvaisAffidavit No. 2021-1811Date 04/27/2021**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared **MIGUEL ANGEL MENA ENCARNACION**. Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: ASHLEY MARION ROOZEN MENA
3. The decedent died on 11/5/20 (date) at Mount Vernon (City), Skagit (County), Washington (State).
4. My/ Our relationship to the decedent is as follows: SURVIVING SPOUSE
5. I am/ We are the rightful heirs to the property described herein.
6. _____ Decedent left no last Will; or ☒ Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as:

Detailed Legal:

Lot G, "PLAT OF S.S.V.P. NO. 1," as per plat recorded in Volume 15 of Plats, pages 6 and 7, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Abbreviated legal:

Lot G, S.S.V.P. No. 1.


Tax ID Number: P100517

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.

9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
MIGUEL ANGEL MENA ENCARNACION		Spouse
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

DATED this 22 day of April, 2021.


 Miguel Angel Mena Encarnacion
20119 Okerlund Drive
Mount Vernon, WA 98274
 Address

State of: WA

County of: Skagit

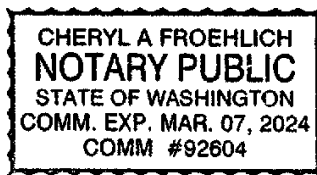
I certify that I know or have satisfactory evidence that **Miguel Angel Mena Encarnacion** is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 4-22-21


 Signature

Notary
 Title

My appointment expires: 3-7-24



Seal or Stamp

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-051513

DATE ISSUED: 11/18/2020
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): **ASHLEY MARION**
LAST NAME(S): **ROOZEN MENA**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **NOVEMBER 05, 2020**
HOUR OF DEATH: **05:55 PM**
SEX: **FEMALE** AGE: **32 YEARS**
SOCIAL SECURITY NUMBER: **[REDACTED]**

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

BIRTH DATE: **[REDACTED]**
BIRTHPLACE: **PAISLEY, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **MIGUEL ANGEL MENA**

OCCUPATION: **HOMEMAKER**
INDUSTRY: **OWN HOME**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **MIGUEL ANGEL MENA**
RELATIONSHIP: **HUSBAND**
ADDRESS: **20119 OKERLUND DRIVE, MOUNT VERNON, WA, 98274**

CAUSE OF DEATH:
A: **CHOLANGIOCARCINOMA, STAGE 4**
INTERVAL: **2 YEARS**

B: **[REDACTED]**
INTERVAL: **[REDACTED]**

C: **[REDACTED]**
INTERVAL: **[REDACTED]**

D: **[REDACTED]**
INTERVAL: **[REDACTED]**

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: **20119 OKERLUND DRIVE**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **20119 OKERLUND DRIVE**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **8 MONTHS**

FATHER: **RICHARD ROOZEN**
MOTHER: **[REDACTED]**

METHOD OF DISPOSITION: **DONATION/MEDICAL RESEARCH**
PLACE OF DISPOSITION: **MEDCURE**

CITY, STATE: **PORTLAND, OREGON**
DISPOSITION DATE: **NOVEMBER 09, 2020**

FUNERAL FACILITY: **WESTFORD FUNERAL HOME INC**

ADDRESS: **1301 BROADWAY**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**
FUNERAL DIRECTOR: **PAUL V. SPINELLI**

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: **NOT PREGNANT WITHIN THE PAST YEAR**

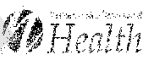
CERTIFIER NAME: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
DATE SIGNED: **NOVEMBER 06, 2020**

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

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **NOVEMBER 09, 2020**

DOH 422-132 (8/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

 Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-230-4300	
DOH 422-134, August 2019			
This is a legal document. Complete in ink and do not alter.			
STATE OFFICE USE ONLY			
State File Number	File Number	Initials	Date
Affidavit Number			
Required information must match current information on record			
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:			
4. Father/Parent Full Birth 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: <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:			
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 currently shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.			
14a. Signature:		14b. Signature of 2nd parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
INSTRUCTIONS – go to www.doh.wa.gov for more information			
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:			
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551)			
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.			
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, this proof must show the name to be Mary Ann Doe.			
3. Proof documentation must be five or more years old or established within five years of birth.			
4. This affidavit cannot be used to add a parent in a birth certificate (use Acknowledgment of Parentage form DOH 422-159).			
Child under 18			
• If legal guardian(s), include certified court order proving guardianship.			
• Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.			
• To correct the sex of the child, one proof documentation from a medical provider is required.			
*To change any unit 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.			
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 proof documentation are required.			
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.			
• To correct parent's birth date, place of birth, or name, one proof documentation is required.			
Death Certificates			
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.			
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.			

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD

Certificate not valid unless the Seal of the State of Washington is stamped over when first opened.



0 4 1 6 0 6 1 3