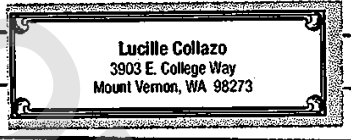


Return Address:



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lucille Feliz Collazo, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Spouse
Relationship to decedent
of George Thomas Collazo who died on 09/24/2019
Decedent/Grantor Date
at Mount Vernon, Skagit County, Washington
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:
PN SWNW Sec 15, TOWNSHIP 34 NORTH, RANGE 4 EAST -
Lake Lot 2 of Survey AF #9904080041

Assessor's Property Tax Parcel/Account Numbers: (List All)

P 24785

(Attach full legal description(s) of the property)

- Decedent left no Last Will and Testament and no Community Property Agreement; or
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or
- Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or
- Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Luzelle Feliz Collazo, 75, Spouse
Full name, age and relationship

3907 E College Way, Mount Vernon, WA 98273
Address City State Zip

Bryan Scott Collazo, 50, Son
Full name, age and relationship

6024 50th St, NE, Marysville, WA 98270
Address City State Zip

Linda Michelle Collazo, 47, Daughter
Full name, age and relationship

2406 NE 139th St, #175, Vancouver, WA 98686
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 5,320,000 of which approximately \$ 120,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (X) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: August 18, 2021 Lucille Feliz Collazo
Lucille Feliz Collazo (360)428-3077
Affiant's full name Telephone number
3903 E College Way, Mount Vernon, WA 98273
Street City State Zip Code

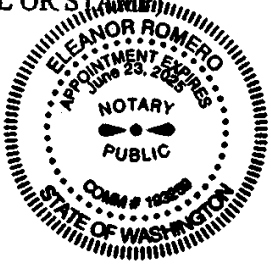
State of WA County of Skagit

I know or have satisfactory evidence that Lucille Feliz Collazo
(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: 18th of Aug, 2021 Eleanor Romero
Signature of Notary Public

(SEAL OR STAMP)



Residing at Skagit County

Notary Public in and for the State of WA

My appointment expires: 6/23/2025

(Based on REV 84 0017 (1/3/17))

**EXHIBIT A
LEGAL DESCRIPTION**

Property Description:

Lot 2, of Survey recorded April 8, 1999, as Auditor's File No. 9904080041, in Volume 21, Page 174, records of Skagit County, Washington, being a portion of the Southwest 1/4 of the Northwest 1/4 of Section 15, Township 34 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 09/27/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-042238

FIRST AND MIDDLE NAME(S): GEORGE T
LAST NAME(S): COLLAZO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 24, 2019
HOUR OF DEATH: 11:20 AM
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: YES, PUERTO RICAN
RACE: PUERTO RICAN

BIRTH DATE: APRIL 22, 1939
BIRTH PLACE: SAN JUAN PUERTO RICO

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LUCILLE MADRID

OCCUPATION: SOCIAL WORK
INDUSTRY: LOS ANGELES COUNTY GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: LUCILLE COLLAZO
RELATIONSHIP: WIFE
ADDRESS: 3903 E. COLLEGE WAY, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A. PROSTATE CANCER, METASTATIC TO BONE
INTERVAL: 13 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: 3903 E. COLLEGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 3903 E. COLLEGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER/PARENT: AGAPITA COLLAZO
MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 26, 2019

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

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: SEPTEMBER 25, 2019

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: SEPTEMBER 26, 2019

NOT VALID UNLESS PHOTOGRAPHED OR ALTERED

DOH 422-132 (6/18)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47014
Olympia, WA 98504-7014
360-236-4300

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

STATE OFFICE USE ONLY

State File Number	Fac Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required

Record Type: Birth Death Marriage 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: 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 foregoing is true and correct

16a. Signature: _____ Date: _____

16b. Signature of 2nd parent (if required): _____ Date: _____

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 and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numidant Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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, 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 guardian(s), include certified court order proving guardianship
- 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)*
- After age one, 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 the sex of the child, one documentary proof from a medical provider is required

*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.

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOI 422-032)

Youth 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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.

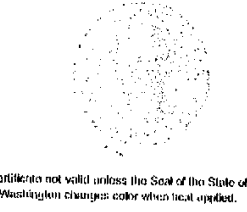
The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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

DOI 1422-034 January 2015



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

CERTIFIED

SEP 27 2019

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



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