

**202201120071**01/12/2022 01:18 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Aida I Andress
1400 Alpine View PL
Mount Vernon WA 98274SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

JAN 12 2022 2022-125

Amount Paid \$0
Skagit Co. Treasurer
By KS Deputy**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Aida I Andress, 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 Surviving Spouse
Relationship to decedentof Gary M. Andress, who died on Aug 2 2019
Decedent/Grantor Dateat Burlington Skagit WA
City County State**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Unit 1D Third Amendment to Alpine Fairway
VillaAssessor's Property Tax Parcel/Account Number: 4723-000-001-0100/P113813
(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 3)

Aida I. Andress 74 Surviving Spouse
1400 Alpine View Pl Mt Vernon WA 98274
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

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: Jan 12, 2022Aida I Andress

Affiant's full name

360-630-1069

Telephone number

1400 Alpine View PLMt Vernon

City

Street

WA

State

98274

Zip Code

Aida I Andress

Signature

January 12, 2022

Date

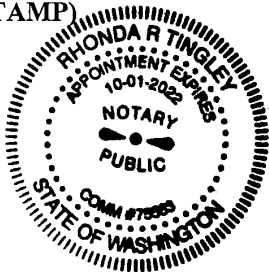
State of WashingtonCounty of SkagitI know or have satisfactory evidence that Aida I Andress

(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: 1/12/2022Rhonda R Tingley

Signature of Notary Public

(SEAL OR
STAMP)Residing at: BurienNotary Public in and for the State of WashingtonMy appointment expires: 10/1/2022

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-034703

DATE ISSUED: 08/07/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GARY MICHAEL
LAST NAME(S): ADDRESS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 02, 2019
HOUR OF DEATH: 06:30 PM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: AIDA CARATTINI

OCCUPATION: MAINTENANCE
INDUSTRY: WOOD PRESS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: AIDA ADDRESS
RELATIONSHIP: WIFE
ADDRESS: 1400 ALPINE VIEW PLACE MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: ALZHEIMER'S DISEASE
INTERVAL: 4 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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: HOME PLACE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1400 ALPINE VIEW PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: MAX ADDRESS
MOTHER/PARENT: LOUISE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 07, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
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: ROBERT R. JACOBSEN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: AUGUST 07, 2019

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: AUGUST 07, 2019



Affidavit for Correction

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

Printed Name: Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address:

Telephone Number: ()	Email Address:
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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:	16b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	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 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

Child under 18 <ul style="list-style-type: none"> • 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 	Adult (18 years or older) <ul style="list-style-type: none"> • 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
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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.

CERTIFIED

AUG 07 2019

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



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