



202203020007

03/02/2022 09:00 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Daniel Rodriguez, 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

of Paula M. Rodriguez, who died on 8/18/2010
Decedent/Grantor *Relationship to decedent* *Date*

at Mount Vernon Skagit County WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOT 24, JOHNSON'S SECOND ADDITION, MOUNT VERNON, WASHINGTON,
AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 79, RECORDS OF
SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P53334
(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 _____)

Daniel Rodriguez -- spouse 64

22827 Pioneer Hwy Mount Vernon WA 98273
Full name, age, relationship, address

Adriana ^{Rodriguez} Weatherby daughter legal

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: 2/17/2022

Daniel Rodriguez
Affiant's full name

360-661-7703
Telephone number

~~22821~~ 22821 Pioneer Hwy
Street

Mount Vernon WA 98273
City State Zip Code

[Signature] 2/17/2022
Signature Date

State of Washington County of Skagit

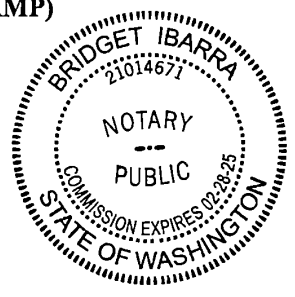
I know or have satisfactory evidence that Daniel Rodriguez
(name of person)

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: 02/17/21 ~~02/28/25~~

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of Washington

My appointment expires: 02/28/25

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **674-10** Washington State Certificate of Death State File Number **2010 65843**

1. Legal Name (include AKA's if any) First Middle LAST Suffix Maria Paula Rodriguez				2. Death Date 08/18/2010	
3. Sex (M/F) F	4a. Age - Last Birthday 55	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Santa Maria	8b. (State or Foreign Country) TX		9. Decedent's Education 4th Grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify Yes Mexican American			11. Decedent's Race(s) Mexican American		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 22827 Pioneer Hwy				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code + 4 98273	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 8 Months		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Daniel Rodriguez	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED)) Laborer			18. Kind of Business/Industry (Do not use Company Name) Road Maintenance		
19. Father's Name (First, Middle, Last, Suffix) Pablo Sanchez			20. Mother's Name Before First Marriage (First, Middle, Last) Anita [REDACTED]		
21. Informant's Name Daniel Rodriguez		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 22827 Pioneer Hwy, Mount Vernon, WA 98273	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Skagit Valley Hospital			26a. City, Town, or Location of Death Mount Vernon		26b. State Wa
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Bow Cemetery, Bow, WA		30. Location-City/Town, and State Bow, WA	
31. Name and Complete Address of Funeral Facility Hulbush Funeral Home and Cremation Services, Burlington, WA 98233			32. Date of Disposition 08/23/2010		
33. Funeral Director Signature <i>Rand L. Hulbush</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MRSA pneumonia with respiratory failure Interval between Onset & Death days Due to (or as a consequence of): Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Severe asthma Interval between Onset & Death 4rs Due to (or as a consequence of): c. Premenaral embolism Interval between Onset & Death mos Due to (or as a consequence of): d. Severe longstare heart failure Interval between Onset & Death days / mos					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Anxiety + depression				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) N/A		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
43. Location of Injury: Number & Street: MA				44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
46. Describe how injury occurred MA		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. [Signature]			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place. [Signature]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Suzanne Robertson, 1400 E. Kincaid, Mount Vernon, WA 98274				50. Hour of Death (24hrs) 1:55	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 8/14/2010	
53. Title of Certifier medical doctor		54. License Number KD 000 36795		55. ME/Coroner File Number	
57. Registrar Signature [Signature]				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
58. Date Received (mm/dd/yyyy) AUG 19 2010				59. Amendments	



Affidavit for Correction

Mail to: Center for Health Statistics
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: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (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)
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: PO Box or Street Address, City, State, Zip, Telephone Number, Email Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record currently shows: 9. The true fact is:
10. 11.
12. 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: 14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: 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, the 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 to a birth certificate (use Acknowledgment of Parentage from 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 parents' 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.
Adult (18 years or older)
• Only the adult can change their own 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.
*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.

Death Certificates

- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, 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

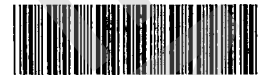
- 1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the 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 Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED FEB 18 2022



0 5 0 8 3 0 6 1

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